



Providence

Little Company of Mary
Medical Center
Torrance

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Owner [REDACTED]
Director Nursing

Policy Area Patient Care
Services

Applicability CA - Providence
LCM MC
Torrance

Code Blue

PURPOSE

- To provide emergency treatment for any person who is experiencing cardiopulmonary arrest.
- To define the procedure for responding to a Code Blue (*cardiac and/or respiratory arrest situation*).
- To outline the procedure for transferring the inpatient with Return of Spontaneous Circulation (ROSC) to the ICU immediately post-resuscitation.

POLICY

For Pediatric Codes (≤ 13 years is a general guideline), a Code White should be initiated and the Pediatric Code Team will response. Refer to the Code White policy.

- The Code Blue Team will respond to all Code Blues inside the hospital and on hospital grounds.
- American Heart Association (AHA) guidelines for Basic Life Support (BLS) guidelines and Advanced Cardiac Life Support (ACLS) will be used to guide care during a Code Blue situation.
- An ACLS provider is present in house 24 hours a day, 7 days a week.
- First responder RN's who have ACLS training may initiate ACLS protocols prior to the arrival of the Code Blue Team.
- Unless there is a written physician order to the contrary (e.g. DNACPR, POLST) any hospital employee trained in cardiopulmonary resuscitation (CPR), will initiate CPR when respiratory and/or cardiac arrest is recognized.
 - Refer to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), CPR Orders, and Physician Orders for Life Sustaining Treatment (POLST), respectively.

- The Code Blue Team will be comprised of the following:
 - MD Leader:
 - First Responder: Emergency department (ED) trained physician(s)
 - As available: Intensive Care Unit (ICU) physician – Critical care trained
 - Code Blue RN:
 - Critical Care trained RN
 - Respiratory therapist(s)
 - Pharmacist
 - Primary RN:
 - RN assigned to the patient at the time of Code Blue
 - Medication RN
 - Charge RN:
 - Charge RN of the unit where Code Blue initiated
 - Initial responding staff
 - Caregivers from unit where Code Blue initiated
 - House Supervisor
 - Spiritual Care when in house
 - Additional Staff
 - Additional staff as assigned
 - Second MD as needed
 - Other staff as directed by MD Leader/Code Blue RN

RESPONSIBILITY

- I. First responders: First responder may take on more than one role as directed.
 - a. Recorder
 - Initiates Code Blue Documentation Record
 - Verbalizes time of next due meds, pulse check
 - Completes the code blue documentation record
 - b. Medication RN
 - Assists with application of multifunction defibrillator pads and backboard placement
 - Confirms patency of IV site
 - Administers medications as ordered
 - Uses closed-loop communication

c. Ventilation

- Connects Ambu bag to oxygen supply
- Initiates bagging per ACLS guidelines

d. Compressor (Pulse Check):

- Immediately places multifunction defibrillator pads & backboard under patient when Crash Cart arrives
- Performs chest compressions per ACLS guidelines

e. Primary RN

- Gives handoff to Code Blue RN and MD Leader using SBAR
- Code Status : Full, DNR. Review Desired Level of Medical Care if applicable.
- IV Access: Type (PICC, Central, Peripheral including size) and where located.
- Pertinent labs
- Recent procedures and recent meds (narcotics, electrolyte replacement, etc.)
- Allergies

f. Charge RN

- Assigns roles of the first responders

g. Brings Crash Cart to location of Code Blue

h. Initiates Code Blue call by:

- Dialing 34777 – when PBX operator answers, state "Code Blue" and location of Code Blue
- Or press Code Blue button if one is present in the room

i. Initiates CPR

j. Identifies absence or respirations and/or pulse

II. Code Blue Team

a. MD Leader

- Receives report from primary RN/Code Blue RN
- Assumes role of Code Blue Team Lead
- Intubates per ACLS
- Gives out orders as necessary to run Code Blue
- Practices per most current BLS/ACLS guidelines
- Ensures continuation of CPR according to ACLS guidelines
- Calls an end to the Code Blue for ROSC or patient expiration

b. Code Blue RN

- Confirms assigned roles and tasks being performed
- Collaborates with MD Lead
- Practices per most current BLS/ACLS resuscitation guidelines
- Assists with facilitation of transfer to higher level of care

c. Respiratory Therapist #1 (R.T. #1)

- Provides ventilations with Ambu bag per ACLS guidelines
- Attaches continuous ETCO₂

d. Respiratory Therapist #2 (R.T. #2)

- Prepare for intubation (Prepares tray)
- Confirms suction supply set up
- Applies cricoid pressure as directed by MD
- Confirms breath sounds post-intubation
- Applies CO₂ detector and confirms placement with MD

e. Pharmacist

- Brings paralytic/intubation box to Code Blue
- Verbalizes back and verifies medication orders using closed-loop communication
- Prepares medications for administration
- Assists recorder with drug, dose, and timing for documentation

III. House Staff Code Blue Responders

a. House Supervisor

- Serves as gate keeper (crowd control)
- Updates family member regarding patient's medical condition
- Ensures quiet environment
- Facilitates transfer to higher level of care
- Assure post-Code Blue debrief is performed and form is complete

b. Runner

- Obtains supplies not available on Crash Cart as directed

c. Spiritual Care

- Provides emotional support to family
- Offers family the choice to stay inside the room or stand outside the room during Code Blue

- d. Relief Compressor
 - Provides relief to initial compressor as directed
 - Continues with compressions per ACLS guidelines
- e. MD #2 (not always present)
 - Waits outside to assist MD Leader with various tasks, if needed (e.g. intubation, central line placement, etc)

IV. PBX

- a. PBX pages RT Charge Therapist (310) 201-5332, [S S S S S S] and Secondary RT (310) 201-5327, [S S S S S S] to respond to the Code Blue
- b. Announces Code Blue through overhead paging system: Code Blue, Full Unit Name, Room Number/Location
- c. Activates page for assigned Code Blue pagers
- d. Calls ED charge RN to confirm ED physician is responding to call

POST-RESUSCITATION CARE

- I. For inpatients outside of the ICU with ROSC:
 - a. MD assess patient acuity, stability and appropriate level of care
- II. Notify patient's attending physician (if not already notified)
- III. Obtain post-resuscitation physician orders
- IV. Transporting patient post-resuscitation:
 - a. Transfer to a critical care unit requires at least one ACLS certified clinical personnel
 - b. Continuous EKG monitoring with portable defibrillator/pacemaker is required
 - c. Continuous oxygen therapy to support the patient's oxygenation needs (e.g. oxygen tank, equipment, if needed, additional personnel to administer oxygen via Ambu bag)
 - d. Assure vascular access is patent prior to transfer
 - e. Emergency medications should be available during transport
- V. House Supervisor to assure post-Code Blue debrief has been performed
- VI. For patients who expire, refer to the policy "DEATH/EXPIRATION OF A PATIENT (ADULT AND CHILD)

REFERENCE(S)/RELATED POLICIES

- American Heart Association. (2015). Highlights of the 2015 American Heart Association Guidelines and Update for CPR and ECC. Retrieved from <http://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>
- Previous policy number in Document Central: LCT-PC-339 & LCT-PC-522 (Crash Cart)

Attachments

[b64_f22ccc09-fff1-4b79-ae89-44a01c68df4e](#)

[Code Blue Debrief Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
Board	<div>Senior Staff</div>	09/2022
MEC	<div>ical Staff</div>	09/2022
CNO	<div>ief Nursing</div>	08/2022
CPC	<div>se Educator</div>	08/2022
Policy Committee	<div>ief Nursing</div>	07/2022
Policy Committee	<div>Director</div>	07/2022

Applicability

CA - Providence LCM MC Torrance

Standards

No standards are associated with this document