Department: **Medical Center Wide**	Old Policy Number:	On-Line Policy #: **PICU 2181.00**
Section: **Clinical Operations**	**Effective Date:** **8/09**	Page: **1** of **10**
Title: **Pediatric Code White: Resuscitation of the Pediatric Patient**	Reviewed / Revision Date: **3/15, 12/21, 01/22**	
Accountable Department or Committee: PICU Committee Critical Care Committee Pharmacy and Therapeutics Medical Executive Committee	○ Medical Center Wide ● Department - specific	○ Non-Clinical ● Clinical

Safety Message:
1. Hand hygiene is the single most effective means of controlling the spread of infection; remember always to PERFORM HAND HYGIENE.
2. Always use Standard Precautions including personal Protective Equipment (PPE) when handling any blood/body fluid, liquids, and chemicals (e.g., disinfectants), or handling spills.

REFERENCE

American Heart Association (AHA) (2019). Pediatric Advanced Life Support (PALS). https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/part-12-pediatric-advanced-life-support/

Title 22, Section 70547, 1997

PURPOSE

1. To have a qualified team consisting of an Intensivist, Pediatric PICU physician, PICU nurse and a PICU Respiratory Care Practitioner (RCP) available to render prompt, well-coordinated and expert pediatric resuscitation effort according to Pediatric Advanced Life Support (PALS) guidelines for all Pediatric patients in need of resuscitation.

2. To provide ventilation, oxygenation, and circulatory rapport for the pediatric patient in respiratory distress, respiratory failure and/or shock.

POLICY

1. Any nurse or physician may initiate resuscitation of a pediatric patient that is in respiratory distress, in order to restore respirations and a normal heart rate. All pediatric patients will be resuscitated per PALS criteria. All Pediatric Intensive Care nursing staff, physicians, and other health care providers working in the above areas are required to maintain current certification in PALS, demonstrate and maintain proficiency in PALS resuscitative techniques.

2. A Pediatric Intensive/Pediatrician is on duty 24 hours a day, 7 days a week.

3. Pediatric Code White calls will be originated by:
    a. Pressing the Code White button in the patient's room. This will initiate the overhead paging system.
    b. Notifying the Operator (X79999) that this is a Pediatric Code White. This will enable the operator to page the correct team. The Pediatric Intensivist/Pediatrician on duty and the PICU Assistant Clinical Director will be notified for all Pediatric codes.

4. All emergency equipment in each area will be checked daily and after each use for availability and function by the designated Registered Nurse (RN) including crash cart, defibrillator, suction, oxygen. All nonfunctional equipment and/or expired medications must be removed from service, sent for repair, and/or exchanged as soon as possible.

5. **Pediatric Code White** will be initiated on all Pediatric patients with:
    a. Apnea or Respiratory Arrest
    b. Asystole or Cardiac Arrest
    c. Bradycardia
    d. Severe CNS Depression
    e. Life threatening ventricular arrhythmias

***Exception: Unless DNR status, or otherwise ordered by physician.**

6. **Pediatric Code White** team will respond to all **Pediatric Code White** within the Medical Center inpatient areas and shall include:
    - Pediatric Intensivist/Pediatrician-on-Duty
    - Pediatric Anesthesia
    - PICU RN
    - PICU RCP
    - Unit Clinical Pharmacist

Additional support personnel may include:

- Primary Care RN who initiated appropriate **Pediatric Code White** on the patient
- NICU Intensivist
- NICU Charge Nurse
- House Supervisor
- Lead or Charge RN
- DA/ACD/Designee
- Transport Orderly
- Security

The Pediatric Intensivist, PICU RN, and PICU RCP must maintain a current Pediatric Advance Life Support Certification.

PROCEDURE

1. Observe standard precaution.

2. Follow current Pediatric Advance Life Support algorithm.

3. The nurse responding to the code will remain with the child following the code until the physician determines the disposition of the child.

4. At the completion of a code, PICU RN, Primary RN along with the attending doctor, and RCP to complete CPR Report Sheet/CPR Supplemental Report Sheet and Code Critique Form and submit to the Unit Assistant Clinical Director or designee.

DOCUMENTATION

During the resuscitation process, the recorder or primary care RN initiating the code along with the attending doctor, and RCP, complete the Pediatric CPR Report Form, including participants, documentation of procedures, interventions, and response to treatment, medications and disposition of patient following resuscitation.

ATTACHMENTS

A. CPR Follow-Up
B. Cardio-Pulmonary Resuscitation Report
C. Pediatric Bradycardia with a Pulse Algorithm
D. Pediatric Tachycardia with Pulses Algorithm
E. Pediatric Cardiac Arrest Algorithm
F. Pediatric Septic Shock Algorithm
G. PALS Management of Shock After ROSC Algorithm

ATTACHMENT A: CPR FOLLOW-UP

Kaiser Permanente Downey Medical Center
Cardio-Pulmonary Resuscitation Critique

Date of Code Event: _____/_____/_____
Location or Unit: _____

Complete this form after each resuscitation and leave with the UNIT Assistant Clinical Director.
This is NOT to be a part of the patient's medical record.
Your responses are used by the Critical Care Committee, and as such will not be identifiable for medical-legal process. Your comments are appreciated and your confidentiality assured.

	RN	MD
I. Equipment		
Cart Readily Available	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Properly Stocked	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Functioned Appropriately	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Medications Available	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
II. Personnel		
Arrived in a Timely Manner	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Performance Satisfactory	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Traffic Control Adequate	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
III. Documentation		
Code Status of Patient at the time of the Code White*	**☐ FULL CODE ☐ MODIFIED DNR**	**☐ DNR**
Code White Form Signed	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
CPR Form Recorded Accurately	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
IV. Protocol		
Were ACLS/ PALS/ NALS Protocols followed?	☐ Yes ☐ No Comments:	☐ Yes ☐ No Comments:
Signatures ☞		

***COMPLETE AN UNUSUAL OCCURRENCE REPORT IF PT WAS A DNR AND CODE WHITE WAS CALLED**

ATTACHMENT B: CARDIO-PULMONARY RESUSCITATION REPORT

KAISER PERMANENTE **Cardio-Pulmonary Resuscitation Report**

Bellflower Medical Center

Date:	**Time Started:**	**Time Concluded:**
Arrest Location:	**CPR Initiated By:**	

Type of Arrest: ☐ Cardiac ☐ Respiratory ☐ Other: | **How Recognized:** ☐ Seizure ☐ No Pulse ☐ No Respiration ☐ Cardiac Monitor

Circulation: ☐ Closed Chest ☐ Open Chest | **Ventilation:** ☐ Mouth to Mask ☐ Bag to Mask ☐ Bag to E.T. ☐ Other:

Intubation: ☐ No ☐ Yes, Time: By: Size: O2: L/Min.

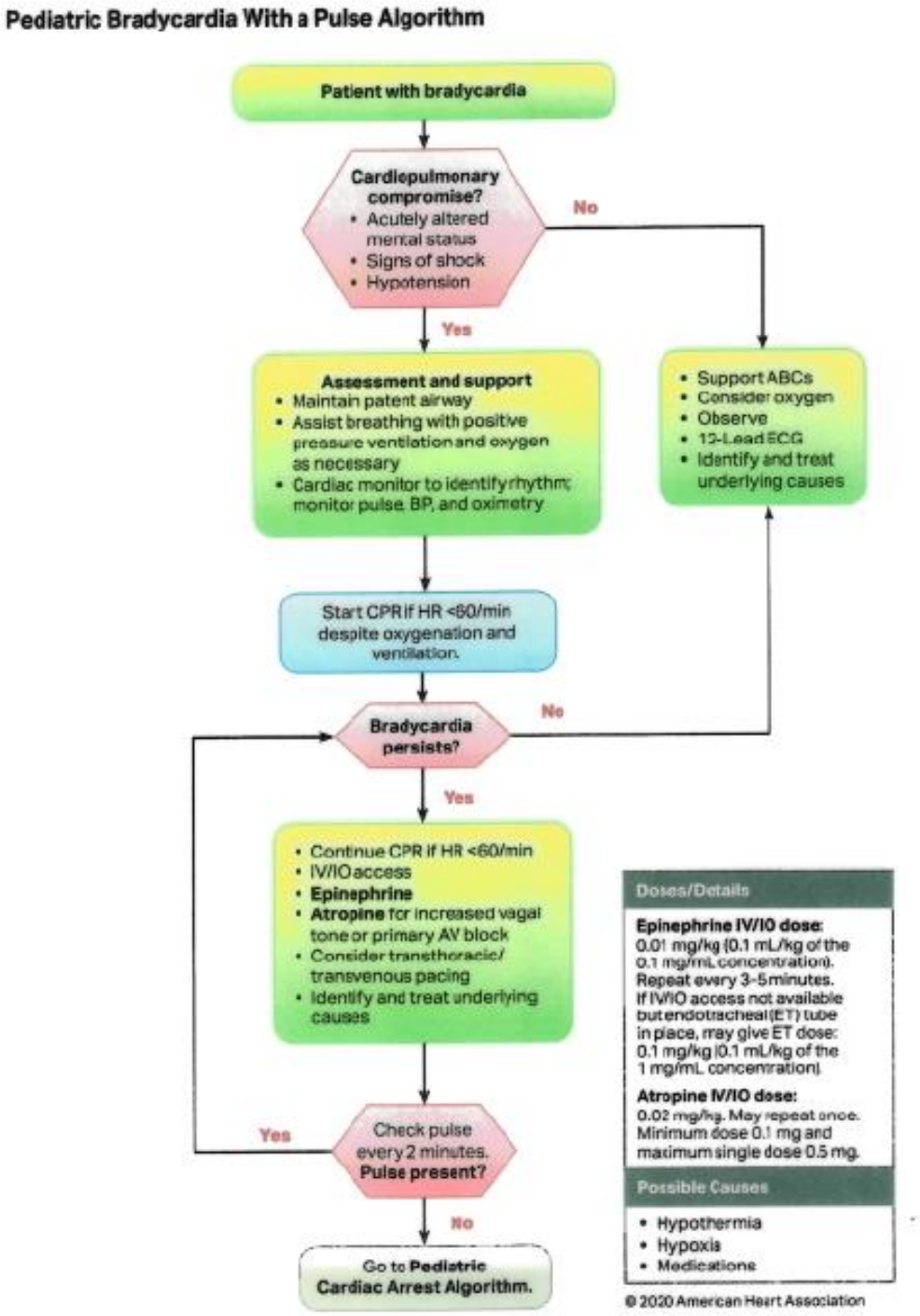
Intravenous Started:	Time:	with:	Site:	By:	Solution:
	Time:	with:	Site:	By:	Solution:

Assessment					**Intervention**															
								Medication												
Time	Rhythm	Pulse	BP	Resp	Asst. Ventilation	Chest Compression	Counter Shock (watt/sec)	Epinephrine	Atropine	Lidocaine	Bretylium	Dopamine	Isuprel	Ca Chloride	Na Bicarb	Narcan	MgSO4	Other Meds/Tx Procedures	Dose or Dilution	Rate	Route

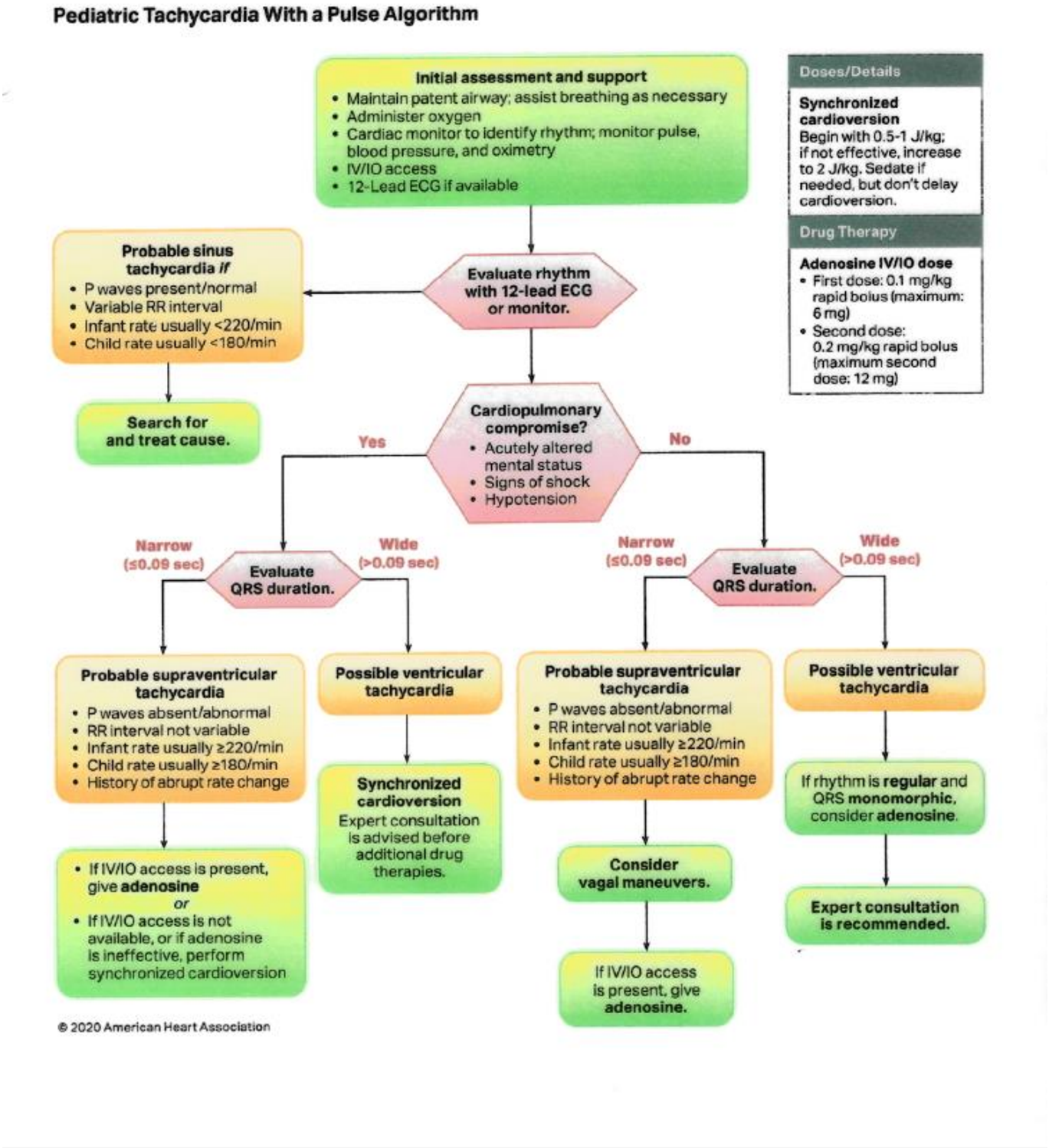
Time	**Comments**	**Code Team**		
		Chrg. MD		
		Chrg. RN		
		Anesth.		
		Resp.		
		Pharm.		
		Other		
		OUTCOME	**Yes**	**No**
		Pulse Restored		
		Resp. Restored		
		Consciousness Restored		
PRINT	Chrg. MD: Recorder:	Patient Survived		
Signatures	Chrg. MD: Recorder:	Patient Dispostion:		

RR-1165 (10-99)

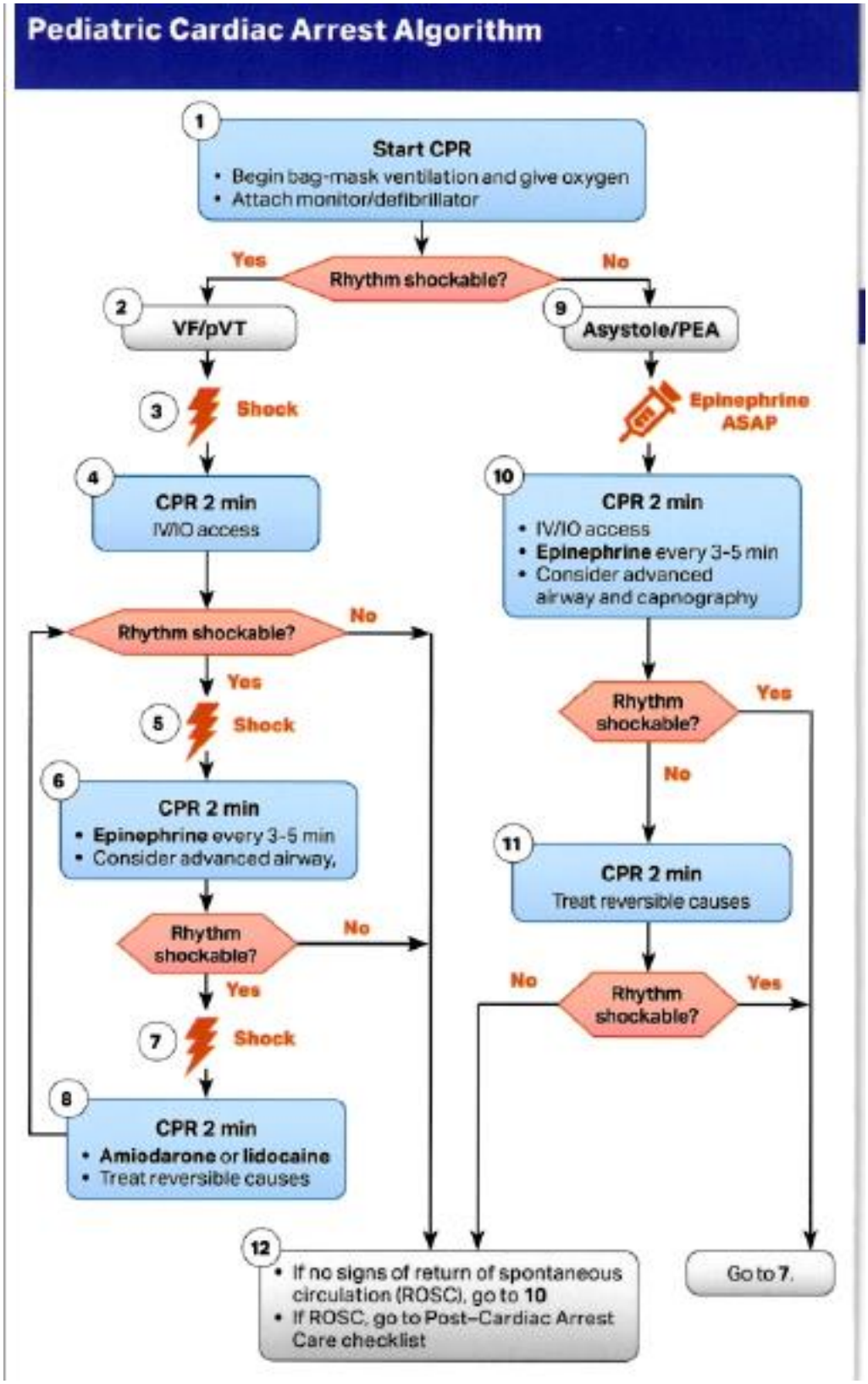
Attachment C: PEDIATRIC BRADYCARDIA WITH A PULSE ALGORITHM



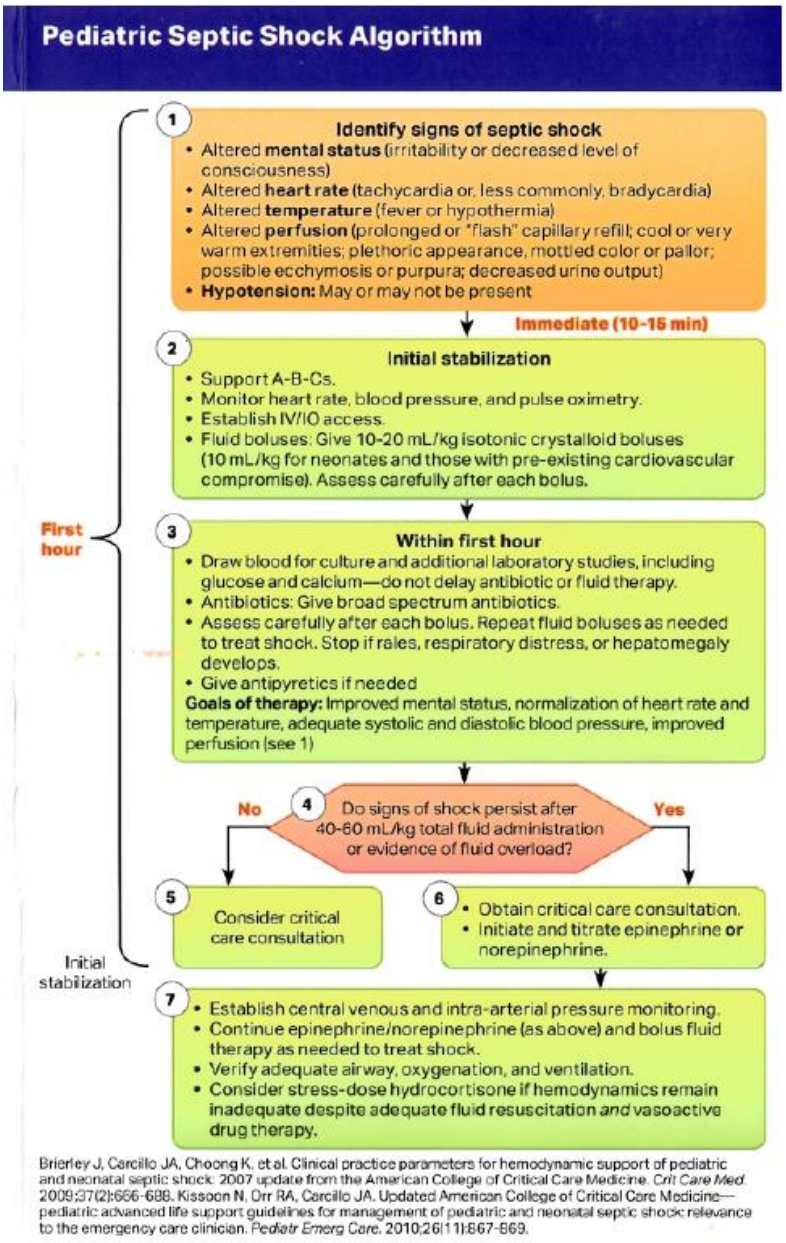
Attachment D: Pediatric Tachycardia with Pulses



Attachment E: Pediatric Cardiac Arrest Algorithm



Attachment F: Pediatric Septic Shock Algorithm



Brierley J, Carcillo JA, Choong K, et al. Clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock: 2007 update from the American College of Critical Care Medicine. *Crit Care Med*. 2009;37(2):666-688. Kissoon N, Orr RA, Carcillo JA. Updated American College of Critical Care Medicine—pediatric advanced life support guidelines for management of pediatric and neonatal septic shock: relevance to the emergency care clinician. *Pediatr Emerg Care*. 2010;26(11):867-869.

Attachment G: PALS Management of Shock After ROSC Algorithm