Name of Policy:	**Code Blue Policy and Procedures**	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Policy Number:	3364-100-45-06	
Department:	Hospital Administration	
Approving Officer:	Chief Medical Officer	
Responsible Agent:	Chief of Staff	
Scope:	The University of Toledo Medical Center and its Medical Staff	**Effective Date:** 05/01/2021 Initial Effective Date: 11/8/2006

___	New policy proposal	___	Minor/technical revision of existing policy
_X_	Major revision of existing policy	___	Reaffirmation of existing policy

(A) Policy Statement

1. The Code Blue Team responds to all Code Blues within the following areas

   a. Main Hospital (including lobby and cafeteria)
   b. Heart & Vascular Center
   c. Hospital Clinics
   d. George Isaac Outpatient Surgical Center
   e. First floor Medical Pavilion
   f. Basement and First Floor of Dowling Hall (including Outpatient Occupational and Physical Therapy)
   g. Orthopedic Clinic
   h. Cardiac Rehab at the University of Toledo Medical Center (UTMC)

(B) Purpose of Policy

The purpose of the Code Blue team is to ensure the prompt and skilled cardiovascular and cerebral resuscitation of persons who suffer a cardiopulmonary arrest. The purpose of this policy is to outline the responsibilities of Code Blue team members.

(C) Procedure

1. <u>Initiation of a Code Blue</u>
   a. Any personnel who find a person in apparent cardiopulmonary arrest may initiate a Code Blue. This person <u>must</u> stay with the victim and summon help by whatever means are available.
   b. The Code Blue is initiated by calling the hospital operator on telephone number 77 and notified of the Code Blue's location (in words and not initials).
   c. In special care units "code buttons" activate Code Blue.
   d. The hospital operator will call the team members' pagers.
   e. The hospital operator will voice page the location of the Code Blue (in words and not initials). Activating of the emergency tone device precedes the announcement of a Code Blue. The operator will notify the Nursing House Supervisor of the Code Blue.

2. Procedures during a Code Blue

    a. The Code Blue Team will adhere to American Heart Association Advanced Cardiac Life Support Guidelines.

    b. Basic life support (BLS) will be started by the first qualified person at the scene.

    c. Advanced Cardiac Life Support (ACLS) will be started by the first qualified person at the scene.

3. Composition of the Code Blue Team

    a. One (1) assigned Hospitalist and one (1) Medical Intensive Care Unit (MICU) Physician.

    b. One (1) Anesthesiology provider (assigned by the Department of Anesthesiology).

    c. Two (2) respiratory therapists.

    d. Two nurses

        i. One (1) nurse from the ICU.

        ii. One (1) nurse of the patient for whom the Code Blue is called.

    e. One (1) Pharmacist assigned by the Department of Pharmacy with select medications.

    f. Campus Police.

    g. Pastoral Care (when available).

4. Duties and responsibilities of members of the Code Blue Team

    a. The Charge-Physician. The assigned Hospitalist will be the physician in charge of the conduct of the Code Blue. Exceptions are as follows:

        i. The primary provider (Hospitalist, Surgeon, Family Medicine Attending or Family Medicine Senior Resident) may assume the role of Charge-Physician

        ii. Change of the Charge-Physician must be clearly communicated and recorded.

        iii. The assigned Hospitalist will remain at the Code Blue.

    b. The Charge-Physician will assign tasks to the Code Blue Team members.

    c. The MICU Physician will perform procedures as requested by the Charge-Physician. If the MICU Physician assumes the role of Charge-Physician for Code Blue, he/she should not become involved in performing procedures.

    d. The Anesthesiology provider will be responsible for establishing adequate ventilation.

    e. Two (2) respiratory therapists shall be responsible for maintenance of ventilation after an airway has been established and chest compressions.

    f. Two (2) nurses shall be present at each Code Blue, with responsibilities as detailed below. These two (2) nurses may change roles or flex to accomplish safe effective resuscitation.

Nurse from Intensive Care Unit	- Medication administration.and regulate flow of IV and drips -EZIO Capable -Assigns Roles of incoming staff
Nurse of the patient experiencing the Code Blue	- Code cart medication preparation
Next incoming Nurse/ House Supervisor	-Recorder or unfilled role as appointed by the ICU RN

    g. The Pharmacist reviews the patient's medication profile; provides recommendations and information as needed regarding drug therapy.

    h. Campus Security will provide crowd control. This may include diverting patients, visitors, or services to another location or area.

      i. Pastoral Care will provide support to families of patients. The chaplain may enter the patient's room with the approval of the Charge-Physician. The Chaplin will help provide family members the option of being present if safe.

      j. The Nursing House Supervisor (HS)

        i. Cares for and notifies the family of the patient.
       ii. Notifies the patient's attending physician.
     iii. Notifies Central Service to ensure rapid transport of needed supplies
     iv. Ensures rapid transport of blood samples to the laboratory.
      v. Notifies the hospital chaplain of the code.
     vi. Ensures that a bed is expeditiously made available for patient transfer.
         Note: During the day shift hours, Monday-Friday, Nursing Director or his/her designee may fulfill the functions of the HS.

5. <u>Transfer of the patient</u>
    a. The Charge-Physician will determine where the patient will be transferred. Whenever possible, the Charge-Physician will consult with physician of record, or his designate, prior to this decision. When this is not possible, the Charge-Physician will consult with the physician of record after patient's stabilization and/or transfer.

    b. The Charge-Physician remains responsible for medical care during transport.

6. <u>Traffic control</u>
    a. The Charge-Physician will request that non-team members leave the area

    b. The Charge-Physician may permit observers at the code if the numbers are limited, and they do not interfere with the Code Blue Team.

7. <u>Termination of Code Blue</u>
    a. The HS will notify the patient's physician of record, or designee, that a Code Blue has occurred. The attending physician must clearly indicate what a reasonable duration is for the Code Blue. If the attending physician desires, he/she may delegate this decision to the Charge-Physician.

    b. If a patient with a Do Not Resuscitate – Comfort Care (DNR-CC) order is inadvertently resuscitated, the code should be discontinued when the Charge-Physician becomes aware of the code status and there has not been a response to resuscitation or there is no expectation of a successful resuscitation.

8. <u>Second (Simultaneous) Code Blue</u>
    a. The telephone operator will be initiate the procedures outlined above.

    b. Composition of the backup Code Blue Team
        i. The Charge-Physician will designate one or two (1 or 2) physician members of the team to proceed to the site of the second Code Blue.
       ii. The Charge-Physician will designate one (1) respiratory therapists to proceed to the second code.

    c. A second nurse from the ICU will be dispatched as directed by the charge nurse of the unit.

    d. Two (2) nurses from the unit where the code occurs will assist with the nursing activities of the code.

    e. The HS must be advised of the second Code Blue to marshal personnel.

9.   <u>Record of Code Blue</u>
    a. The recorder will document events on Code Blue flowsheet. This form shall be completed by patient care personnel to document UTMC actions. The flowsheet is placed in the patient's chart.

10. <u>Review of Code Blue events</u>
    a. The Code Blue Committee and the Quality Management department will regularly review Code Blue events.

    b. The purpose of such a review should be to evaluate the quality of patient care and the outcomes. The data submitted for the review should be the Code Blue Evaluation form. The evaluation criteria on the form should be reviewed at least annually by the Code Blue Committee.

11. <u>Special Code Blue procedures</u>
    a. Codes in areas without a code cart.
        i. Codes in the Gift Shop, Lobby and Cafeteria – The ED will provide a code cart and a stretcher. The code cart is the priority.
        ii. Codes in the basement of the hospital, including Dietary, Pathology, Pharmacy, Central Service, Biomed and Campus Police – Respiratory Care staff will provide the code cart.
        iii. Codes in the Medical Pavilion, Basement and First Floor of Dowling Hall, Orthopedic Clinic and Cardiac Rehab will have assigned staff members bring the code cart.

    b. Pediatric Code Blue. In the event of a pediatric Code Blue, the following steps shall be taken.
        i. The person calling the telephone operator to announce a code on a pediatric patient must clearly state that it is a "Pediatric Code Blue."
        ii. The telephone operator will then activate Code Team and announce, "Pediatric Code Blue".
        iii. The HS will immediately activate transport from UTMC to a children's hospital.
        iv. All Code Blue procedures and personnel listed for adults in this policy will apply to Pediatric Codes. A PALS nurse will be at the bedside as well for all Pediatric Codes.

(D) Definitions

The term Code Blue will be used to summon a team of trained medical personnel to undertake cardiopulmonary and cerebral resuscitation. All physician and nurse members of the Code Blue team will be trained and current ACLS Providers.

Approved by:		Review/Revision Date:	
		3/27/84	5/11/05
		5/22/85	8/10/05
/s/	6/11/2021	9/9/87	10/22/2008
Michael Ellis, M.D.	Date	9/9/88	6/24/2009
Chief Medical Officer		2/17/89	9/29/2010
		4/11/90	5/1/12
		3/13/91	10/1/2013
/s/	6/10/21	12/8/93	8/1/2014
Andrew Casabianca, MD, DMD	Date	9/11/96	10/1/2014
Chief of Staff		7/14/99	9/1/2017
		9/12/01	6/10/2019
Review/Revision Completed By:		5/8/02	5/1/2021
HAS			
Code Blue Committee			
Institutional Ethic		**Next Review Date:** 5/1/2024	

Policies Superseded by This Policy: 7-45-06