LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
- SHREVEPORT

CODE BLUE RESUSCITATION TEAM

Purpose:

To administer Advanced Cardiac Life Support (ACLS)/Pediatric Advanced Life Support (PALS) to individuals who have experienced a cardiopulmonary arrest.

Policy:

1. The Code Blue Resuscitation Team shall include a qualified representative from Internal Medicine, Surgery, Anesthesiology, Respiratory Therapy, Blood Gas, Critical Care Nursing, EKG Technician and two interns from the medicine service. Pharmacy shall assist when staffing permits. Other individuals whose services are needed may be called upon to assist by any member of the Code Team.

The Pediatric Code Team shall consist of a representative from Anesthesia and Respiratory, the resident and staff M.D. for PICU, the night resident for the ward, and a PICU registered nurse. The person who calls the operator to report the code shall request the Pediatric Code Team be notified.

The Ambulatory Care Clinics (ACC) Shock Treatment and Resuscitation Team (START) shall include qualified staff consisting of 2 Registered Nurses (one experienced in adult care and one experienced in pediatric care) and staff from Cardiopulmonary Services.

The Feist-Weiller Cancer Center (FWCC) Clinics Shock Treatment and Resuscitation Team (START) shall include qualified staff consisting of 2 Registered Nurses and a FWCC physician.

ACC and FWCC department staff in which the medical emergency occurs shall be responsible for initiating Basic Life Support and starting emergency response procedures until START arrives to the clinic and until transfer of care to Shreveport EMS.

2. The Code Teams shall be “on call” for twenty-four (24) hours a day, every day. Each team member shall carry, for a designated period of time, during his/her period of duty, a designated code beeper. Length of duty shall be determined by individual departments and/or services. The switchboard operator shall beep the Code Team twice daily as a test to ensure proper functioning of the Code Team beeper.

3. For all non-arrest intubations, appropriate ancillary support shall be available to floor staff (i.e. at least cardiopulmonary and ICU nursing staff). The adult and pediatric code teams are designed to manage airway issues.
4. Staff shall call 55007 to access the Code Team. Staff shall inform the switchboard operator which Code Team is required (adult or pediatric) and the location of the code (floor, room & bed number).

5. The switchboard operator, following notification of a Code, beeps the **Code Team**, Administrative House Manager and other necessary personnel. In the event of a second code, while the other is still in progress, the operator shall beep the code team and the code director shall determine the appropriate disposition and assignment of personnel to assist.

6. Registered Nurses assigned to the Code Team shall have a current Advanced Cardiac Life Support/Pediatric Advanced Life Support card.

7. The **Code Team** shall be responsible for:

   a. Responding immediately to all Code Blues.
   b. Conducting the code according to current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) protocols.
   c. Recording any pertinent data on the patient's record.


   The nursing unit, clinic, and/or department on which the Code occurs, shall be responsible for initiating Basic Life Support (BLS) until the **Code Team** can respond.

9. The Charge RN/Designee in the patient care area on which the Code occurs shall be responsible for:

   a. Overseeing traffic control on the unit.
   b. Ensuring that emergency equipment is brought to the bedside.
   c. Delegating duties to appropriate personnel to ensure the unit’s continued function.
   d. Serving as the recorder for the resuscitation efforts or delegating an appropriate person to do so.
   e. Documenting and completing the Code Narrator in EHR or Cardiopulmonary Resuscitation form when EHR version not available (i.e Downtime)
   f. Contacting the admitting office (5082) if the patient needs to be transferred to a ICU bed.
   g. Evaluating the situation to see if additional personnel are needed to ensure that the Patient Care Area continues to function.

10. The physician running the code shall be responsible for:

    a. Making arrangements for an ICU bed if needed.
    b. Informing the patient’s family of the situation.
    c. Completing the medical record if the patient expires to include a significant event note, documenting the events leading up to the patient’s death, cause of death, date and time of death, coroner’s case, and autopsy requested if applicable.
11. The nurse member of the Code Team is responsible for managing the crash cart during the code and administering the drugs when the M.D. is unable to do so, reviewing the code documentation post code and following up to ensure complete documentation.

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Administrator

11/21/12

Date

Approved by Clinical Board: 8/15/00, 7/15/03, 6/21/05, 6/17/08, 5/19/09, 11/20/12
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