



**CODE BLUE – PINK (Hospital Wide)**

<b>Approved by:</b> NPPC	<b>Effective Date:</b> Jan. 31, 2017	NP-6-180
<b>Issued By:</b> Nursing Services	<b>Review Date:</b> July 6, 2022	
<b>Department(s)</b> Nursing, Clinical Areas	<b>Version:</b> 7	Archived: N

**PURPOSE:**

To ensure that all patients/residents are provided with professional, standardized responses in the event that a person is found to be unresponsive, appears to be unresponsive or could soon become unresponsive regardless of reason i.e. cardiac arrest, medication reaction, injury etc.

**DEFINITIONS:**

1. **Critical Event Response Team ( CERT):** Staff who have been designated to respond to a code blue where ever and where ever they occur in the facility
  2. **Intensive Care Unit:** ICU
  3. **Personal Protective Equipment-** PPE
  4. **Emergency Unit-** ER
  5. **Advanced Cardiac Life Support-** ACLS
  6. **Basic Cardiac Life Support-** BCLS
  7. **Registered Respiratory Therapist-** RRT
1. A CODE BLUE will be initiated by any staff member whenever or where ever a person is found to be unresponsive, appears to be unresponsive or could soon become unresponsive regardless of the reason i.e. cardiac arrest, medication reaction, injury etc.  
**EXCEPTION:** Person has a documented Do Not Resuscitate or Allow Natural Death status  
Note: Call CODE BLUE when known CTAS Level 1 is on route (i.e., VSA, trauma)
  2. The Critical Event Response Team (CERT) will respond immediately to CODE BLUE
  3. The CERT team consists of:
    - ER physician
    - One ER nurse (Triage Nurse)
    - Acute Care Charge Nurse
    - Two RPNs
      - one RPN from ER and one RPN from inpatient unit
      - or
      - If no RPN in ER, second RPN from inpatient unit.
NOTE: CVC unit will respond to code blue/pink calls by sending a PSW to the acute care unit to provide supportive care while Acute Care Staff are responding to the code
    - Other support staff when available i.e. Hospitalist, Anesthesia, RRT, surgical suite nurse
  4. Each nurse on the CERT team has a specific role and responsibility.
    - 4.1. The first RN from the CERT team to arrive at the code blue location will:
      - Ensure that BCLS/ACLS protocols are being followed
      - Provide assistance as required to the physician until other members of the CERT team arrive
      - Designate a nurse from the code blue location to remove other patient/residents if possible from the room and to clear the immediate area
    - 4.2. The ER nurse is designated as CERT one (1). The CERT 1 nurse will:

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- Administer all medications following the direction of the lead physician and/or established medical directives
  - Maintain constant communication with the lead physician and the other members of the team by repeating aloud the drug, concentration of drug, dose of drug being administered, route and time of administration
  - Ensure patency of peripheral intravenous access
  - Establish additional peripheral intravenous access or direct another health professional to initiate.
- 4.3. In the event that a code blue occurs in the ER the nurse who has assumed primary care duties for the patient/resident in the ER will be designated as CERT I for the code
- 4.4. A nurse from the ER department will be designated as CERT 1 for codes that occur outside of the ER department
- 4.5. The Acute Care Charge Nurse is designated as CERT two (2). The CERT 2 nurse will:
- Be responsible for the arrest cart, cardiac monitor and defibrillator by:
    - Communicating with the physician and other members of the team what the patient/residents cardiac rhythm is
    - Preparing the monitor and patient/resident for defibrillation
    - Communicating with the physician and the other members of the team what settings were used during defibrillation.
    - Obtaining from the arrest cart all medications and supplies required during the code
    - Controlling who remains in the CODE area and confirming who adopts role of CERT 3 & 4
- 4.6 In the event that a code blue occurs in the ER, the role of CERT 2 may be designated to a second ER RN.
- 4.7 One of the RPNs is designated as CERT three (3). The CERT 3 nurse will:
- document on the cardiac arrest record (form # 82) :
    - vital signs performed
    - drugs administered to the patient/resident including concentrations, dose, route, and time of administration
    - Interventions provided to the patient/resident including but not limited to defibrillation, intubation etc.
    - Staff/physician names who participated in the code
  - Ensure that the health professional who attended the code sign the cardiac arrest record (form #82)
- 4.8. The second RPN is designated as CERT four (4). The CERT 4 nurse will:
- Assist in providing CPR



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4.9. In the absence of a Registered Respiratory Therapist (RRT) the CERT 2 nurse will assist the physician with airway management

5. The staff member who finds the patient/resident is responsible for alerting the members of their unit and the CERT team by pressing the nearest CODE BLUE button
6. The staff member who finds the patient/resident will initiate rescue as per BCLS/ACLS Standards.
7. Nursing Staff in Acute Care areas are expected to assume responsibility for obtaining and maintaining certification in BCLS for all nursing staff & ACLS for the RN staff.
8. Nursing Staff in ICU and ER units are expected to assume responsibility for obtaining and maintaining certification in BCLS and ACLS
9. All staff involved in the code are to use appropriate Personal Protective Equipment (PPE) and to ensure appropriate infection control and Health Safety Practices
10. Nursing staff will be pre designated to be members of CERT prior to the start of the shift by the charge nurse and will be informed of this designation when they come on duty as part of their patient/resident assignment.
11. All nursing, hospitalist, ER physician, and RT ASCOM phones will be programmed to alert a code blue event It is imperative for all nursing staff to carry their ASCOM phones, and to reassign their CERT duty during unpaid breaks and shift change.
12. The CODE BLUE is directed by the CERT physician
13. Cardiac Arrest Carts nearest the code blue location will be brought by the closest units:
  - **Code in Basement-** ICU cart will be utilized and will be brought to the code blue location by the ICU nurse
  - **Code on Second Floor-** ICU cart will be utilized and will be brought to code blue location by the ICU nurse
  - **Code in the X-Ray or Lab Area-** Emergency Cart will be utilized and will be brought to the code blue location by the Emergency Nurse
  - **Code in the Acute Care Unit and Convalescent Care Unit-** ICU cart will be utilized and will be brought to the code blue location by the ICU nurse
14. Following the code the nurse from the unit where the arrest cart came from is responsible for:
  - Cleaning the cart
  - Checking the defibrillator
- Replacing the medication drawers from pharmacy during work hours and from PYXIS during pharmacy off hours



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- Replacing used drawers from the Emergency supply area located in the Stores area
15. The Cardiac Arrest Record (Form # 82) Appendix A will be used to document all interventions provided to the patient/resident and the patient/resident response to the interventions.
  16. The Cardiac Arrest Record (Form # 82) Appendix A is a part of the patient/resident record and will be scanned into the patient/resident chart.
  17. All equipment required for a code blue is on the arrest cart. If patient/resident requires a ventilator the ventilator will be brought to the code blue area from the ER.
  18. Cardio Pulmonary Resuscitation will continue until there is direction by the lead physician to discontinue
  19. CERT Nurses may be called for other medical emergencies via ASCOM. This notification will occur when green "ASSIST" button is pressed by nursing staff.
    - CERT 1 Nurse will assume leadership role and delegate roles to Nurse CERT Team.
  20. The patient/resident caregiver may be present for the code blue, should they wish to be. A staff member outside the CERT will attend to the caregiver to answer any questions and provide support.