

Pediatric Code Blue**Patient Care Policy**

PURPOSE: “Pediatric Code Blue” is the term used by Saint Francis Memorial Hospital to signify cardiac or respiratory arrest in a pediatric client (ages up to 14 years). The term is used to alert hospital staff to an emergency situation involving a person less than 14 years of age and to summon appropriate immediate assistance of medical and nursing personnel in carrying out resuscitation measures or to evaluate a pediatric emergency

POLICY: Basic Life Support measures for neonates, infants, children and adolescents (termed Pediatric Code Blue at Saint Francis Memorial Hospital) are initiated on all patients except those who have a current Do Not Resuscitate order. **For the purpose of this policy Pediatric is defined as anyone under the age of 14.** Pediatric visitors will also receive Basic Cardiac Life Support (BCLS) if discovered or witnessed as suffering from Cardiac and/or respiratory arrest. Refer to Hospital Policies: Withdrawing/Withholding Life Support and Advance Directives.

The first **qualified** physician or Registered Nurse available, in a Pediatric Code Blue situation, will be asked to assume immediate control for the conduct of emergency care. A qualified physician is a board certified ED physician or a non-ED physician who has completed a current Pediatric Advanced Life Support (PALS) course (within 2 years) or comparable PALS education such as Emergency Nurse Pediatric Course (ENPC). A qualified Registered Nurse will have completed a current Pediatric Advanced Life Support (PALS) course (within 2 years) or comparable PALS education such as ENPC. The first qualified physician on the scene will order final disposition of the patient and will communicate with the attending physician the patient's status.

Definition of education requirements/certification requirements for staff who participate in Pediatric Code Blue situations are as follows:

	License	BCLS	ACLS	PALS ENPC
Administrative Supervisors	X	X	X	X
ER physician (board certified)	X	X	X	X
ER non-physician	X	X	X	X
CCU	X	X	X	
ICB	X	X	X	X
Radiology/Cath. Lab	X	X	X	
Radiation Oncology	X	X		
Dialysis	X	X		
Behavioral Health	X	X		
Ortho/Neuro (6)	X	X		
Rehab. (7)	X	X		
Telemetry (8)	X	X	X	
SNF (9)	X	X		
Oncology (10)	X	X		
Infusion Center	X	X		
I.V. Therapy	X	X	X	
O.R.	X	X	X	
G.I. Lab	X	X	X	
PACU	X	X	X	X
Come and Go	X	X	X	X
ER	X	X	X	X
HBO	X	X		

A program shall be conducted to provide the continuing education of personnel in Cardiopulmonary Resuscitation (CPR). The Education Department will have overall responsibility for maintaining the program that the RNs utilize to remain compliant. Human Resources and Unit Managers will monitor that the required certificates have been maintained to keep the staff competent for the resuscitation of the pediatric population. All medical center employees, providing direct patient care, will be required to successfully complete the requirements of an approved course in Basic Life Support sponsored by the American Heart Association every two years. All medical center employees providing direct patient care in the areas that require ACLS and PALS will complete the requirements of an approved course in Advanced Cardiovascular Life Support and/or Pediatric Advanced Life support sponsored by the American Heart Association every two years.

PROCEDURE:

- I. Indications for calling a Pediatric Code Blue:
 - A. Absence of or inadequate respirations
 - B. Absence of pulse in post-pubescent patients or heart rate <60 beats per minute with poor perfusion in pre-pubescent patients despite the administration of oxygen and ventilation per the American Heart Association
 - C. Seizures, loss of consciousness, choking, or sudden deterioration
 - D. Emergency situations requiring extra personnel

- II. Equipment: A Broselow cart is located in the Emergency Room (ER), Burn Unit (ICB), and Peri-Operative Services. An ECG monitor/defibrillator is also on each unit. A Broselow bag is located in the ER and in the Burn Unit for use in Pediatric Code Blue situations in ancillary departments.

- III. On discovering arrest, any person trained in BLS begins airway resuscitation and external cardiac compression immediately:
 - A. First Staff Member:
 1. Recognizes indicators of cardiopulmonary failure.
 2. Establishes unresponsiveness.
 3. Pulls emergency light for assistance.
 4. Dials "2222", states "PEDIATRIC CODE BLUE", and gives location of patient.
 5. Notes the time of first recognizing the situation.
 6. Initiates BLS, Ambu-bag utilized to provide ventilations.

 - B. Second Staff Member:
 1. Brings Broselow cart to site of arrest.
 2. Places cardiac board under patient (depending on age and size).
 3. Utilizes Broselow Tape to determine size/weight, breaks lock of color-corresponding drawer, removes drawer and sets it at the foot of the bed. Then removes the medication drawer and sets it at the end of the bed.
 4. Connects wall suction and oxygen.
 5. Assists first staff member with BLS.

First and Second Staff Member on the scene continue BLS until relieved by other Team Members.

- C. Third staff member:
 1. Clears the entrance to the room and secures a pathway to the head of the bed.
 2. Pulls bed away from the wall.
 3. Brings patient's chart to the room and reports on code status.
 4. Remains available for errands until relieved of duty or excused.
 5. After arrival of other team members, notifies the patient's attending physician if not present.
 6. Records "Code Blue" on the Code Blue Record.

- III. Telephone operator's responsibilities: The operator, upon receiving the call, immediately

activates the “Pediatric Code Blue” paging system, and the location will appear on each individual code beeper. The operator will then telephone the Emergency Room to assure the physician is on the way. The operator will then call SPD to ensure a replacement Broselow cart is on the way. The code beeper distribution list is as follows:

- A. Emergency Services Physician (24 hours)
 - B. Nursing Supervisors and Clinical Managers (24 hours)
 - C. Respiratory Care (24 hours)
 - D. ICB Nurse (24 hours)
 - E. I.V. Therapist (when on duty)
 - F. Transport (when on duty)
 - G. Select Attending Physicians (when on duty)
 - H. Spiritual Care
- IV. Upon arriving on the scene, the “Pediatric Code Blue” team will relieve the first rescuer and continue with Pediatric Advanced Life Support (PALS) measures.
- A. “Pediatric Code Blue” team members:
 - 1. *ER Staff members: 24 hours/day.
 - 2. Burn Nurse: 24 hours
 - 3. Respiratory Therapist: 24 hours/day.
 - 4. **Nursing Supervisor
 - 5. *An ER nurse and Burn Nurse responds to all pediatric codes called in ancillary departments 24 hours a day, bringing the portable Broselow bag and defibrillator.
 - 6. ER Nurse (1): 24 hours/day. ER nurse does not respond to codes in ICB or Peri-operative Services.
 - 7. I.V. Nurse: When on duty.
 - 8. Transport personnel: When on duty.
 - 9. Attending or other physician: As available.
 - 10. Emergency Service Physician: 24 hours/day. The Emergency Service Physician is the “Leader” of the code until he/she verbally relinquishes the responsibility to another physician.
 - B. Duties after Code Team arrives:
 - 1. The patient’s nurse or the ER nurse becomes the medication nurse, unless reassigned. In a situation of cardiac arrest, direct I.V. medication may be given under the order of the physician. Even in a code situation all pediatric medications doses double checked by two RNs or RN and MD before administering.
 - 2. The nursing supervisor or clinical manager becomes the recorder if recording not already in progress.
 - 3. Notify the recorder when each medication is given.
 - 4. The nurse who was assigned to care for the patient will throughout the code to facilitate the resuscitation process.
 - 5. The second staff member acts as an errand runner as designated by nursing supervisor
 - 6. The third staff member assumes the care of the first and second member’s other patients during and immediately after the code.

- VI. Respiratory Therapist(s):
- A. Proceeds to the code blue site immediately.
 - B. Upon arrival clears and establishes the airway using the age-appropriate technique. If necessary, the following is done to maintain a patient airway:
 1. Head-tilt-chin-life technique depending on age.
 2. Oral airway is inserted depending on age.
 3. Patient is ventilated with a resuscitation bag.
 4. 100% Oxygen is administered to all pediatric patients.
 - C. Assist physician with intubation, while continuing to adequately ventilate the patient.
 - D. Second therapist/technician stands by to relieve ventilation and/or chest compressions, or to go for additional respiratory therapy equipment, ventilator, etc.
 - E. Replaces intubation/airway equipment in Broselow bag if used.
- VII. Nursing Supervisor/Clinical Manager:
- Administrative staff responds immediately to "Pediatric Code Blue" pages to insure the following:
- A. A Broselow cart or Broselow Emergency bag is available at the location of the arrest.
 - B. Adequate staff is available.
 - C. Delegates the recorder and medication nurse as necessary.
 - D. Once confirmed there are adequate resources, excuses unneeded staff and secures Pediatric Code Blue.
 - E. Ensures availability of additional equipment.
 - F. Notifies all appropriate persons in a timely manner.
 - G. The Cardiac Arrest Record, and Code Blue Critique Sheet are completed.
- VIII. ER Nurse and Burn Unit Nurse:
- A. Proceeds to ancillary area with portable monitor/defibrillator and Broselow Emergency bag as rapidly as possible (ICB and Peri-operative personnel will be responsible for their own codes).
 - B. Attaches electrodes, assesses cardiac rhythm, prepares to defibrillate if necessary.
 - C. Check carotid, femoral, or brachial pulses and notifies the physician of any changes in the patient.
 - D. Directly assists physicians when necessary.
 - E. Administers medications in the absence of an I.V. Therapist or qualified staff nurse.
 - F. Determines which physician is in charge of the Code if conflicting orders arise.
- IX. I.V. nurse or nurse assigned to patient:
- A. Responds immediately to site of code.
 - B. Starts an I.V
 - C. Administers medications as necessary.
- X. Transport personnel responsibilities:
- A. Responds to all Pediatric Code Blues
 - B. Assumes role of chest compressor if directed to do so.
 - C. Other duties as assigned by Nursing Supervisor.
- XI. Emergency Room physician responsibilities:
- A. Determines if PALS protocol is followed correctly and assumes control of the code if needed.
 - B. Intubates patient.
 - C. Orders drugs and treatments.

- D. Assists in starting I.V./Intraosseus if access not obtained.
 - E. Communicates with primary physician and discusses ultimate disposition.
- XII. Spiritual Care Responsibilities:
- A. Engages the patient’s parents, other family and friends.
 - B. At the discretion of the physician and with the general consensus of the Pediatric Code Blue Team, the family of the patient may be granted permission to observe the Pediatric Code Blue, The Spiritual Care staff will remain with the family at all times.
 - C. Offers support to the patient’s family and friends when outcome of Pediatric Code Blue is reported to them.
- XIII. Charting:
- A. Cardiac Arrest Record is completed by Nursing Supervisor or the clinical manager.
 - B. Code Blue Critique Sheet is completed by the Nursing Supervisor.
 - C. Nurses’ notes completed by the staff nurse responsible for the patient’s care.
 * These notes may refer to the Cardiac Arrest Record for the details of the Pediatric Code Blue.
- XIV. After the code, the personnel in the area where the code occurred:
- A. If the patient is a burn patient the patient will be transferred to ICB. If the patient is not a burn patient the patient will be transferred to the Emergency Room where arrangements can be made to transfer to appropriate pediatric hospital.
 - B. Return any equipment borrowed from the other floors.
 - C. Replacement of Supplies/equipment-refer to Broselow Cart/Bag Security Policy.
 - D. Prepare the room for housekeeping.

Responsible Position	
CNO/COO	
Sponsoring Department or Committee	Approval Date
CNO/COO	04/10/2017
Other Approvals	Approval Date
Critical Care Committee	05/12/2017
Medical Executive Committee	05/18/2017
Board of Trustees	06/01/2017
Past Approval Dates	
2/02/ ; 09/2005 revised 5/2010, 07/2012	
Previous Responsible Position: Director of Mission Services	