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CODE BLUE: RESTORE THE LIFE OF VICTIM

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INTRODUCTION:

Code Blue is a rapid response system for emergency resuscitation and stabilization of medical emergency situations that happen within the hospital area. These medical emergencies require immediate attention. A Code Blue is to be initiated immediately whenever a person is found in cardiac or respiratory arrest (unresponsive, pulseless, or not breathing) i.e. the patient needs cardiopulmonary resuscitation (CPR).

DEFINITION:

An emergency situation announced in a hospital or institution in which a patient is in cardiopulmonary arrest, requiring a team of providers (sometimes called a 'code team') to rush to the specific location and begin immediate resuscitative efforts.

OBJECTIVES:

- To provide rapid (almost immediate) resuscitation and stabilization for victims.
- To establish well-trained and equipped medical emergency (code blue) teams that can be deployed rapidly from pre-determined departments to the medical emergency site.
- To initiate training in BLS skills and use of Automated External Defibrillators (AEDs) for all hospital staff whether clinical or non clinical based.
- ❖ To make the hospital safe for emergency.

COMMON REASONS FOR ACTIVATING A CODE BLUE INCLUDE:

- cardiac arrest like a heart attack or dangerous arrhythmia
- respiratory arrest (when someone stops breathing)
- when someone becomes severely confused, not alert, or shows signs of stroke
- sudden and severe drop in blood pressure

THE CODE TEAM

Hospitals have different code team members but it is usually composed of the following:

Physician

- Serves as the code team leader
- Directs medical management to be followed by the rest of the Code Team

♣ Unit Registered Nurse

- Assists the Code Team as needed
- Initiates basic life support.

♣ Critical Care/ICU Registered Nurse

- Serves as the code team leader until the physician arrives
- Manages and monitors defibrillator and cardiac rhythm strips
- Relays ECG findings to the physician and to the nurse documenting the code
- Administers emergency drugs as directed.

♣ Pharmacist

- Prepares emergency medications
- Calculates infusion rates
- Ensures drug incompatibilities are avoided
- Ensures the e-cart is properly restocked

***** Respiratory Therapist

- In-charge of airway management and respiratory assessment
- Assists in intubation
- Secures settings of mechanical ventilator
- Obtains and reports arterial blood gases as ordered

& Clinical Supervisor

- Facilitates communication between the physician and the patient's family
- Assists patient's family in the waiting area as the code progresses
- Facilitates transfer of patient to a critical care unit once revived
- Assists nurse in charge of documentation to ensure proper recording of the events that took place.

& ED Techs

- Performs chest compressions
- May serve as runner of the team
- Assists in the transfer of patient to the critical care unit once revived

OTHER ESSENTIAL PERSONNEL:

Aside from the medical team, the following personnel are also important during code blue in hospital:

Security

- Assists with crowd control
- Ensures patient's belongings are secured during the code
- Facilitates post-mortem transfer of patient's body to the morgue if the patient will expire

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Pastoral Services

- Provides emotional and spiritual support to the patient's family
- Facilitates communication with the patient's spiritual or religious affiliates

ROLE OF RESPONDERS:

The role of first responders is critical as they will start the resuscitation efforts to the patient undergoing cardiopulmonary arrest.

♣ First Responder

- Call for help.
- Ensure patient is flat on bed. Remove pillows and drop the head of bed.
- Check for pulse. The best site for this is the carotid pulse.
- Start compression.

Second Responder

- Bring the e-cart and other emergency equipment on the site of code.
- Secure the backboard under the patient.
- Manage airway by using an ambu bag or a pocket mask with one-way valve.
- Switch role with the first responder in giving chest compressions to the patient.

* Third Responder

- Turn on the AED/defibrillator and use it for pulseless patients.

***** Fourth Responder

- Ensure that IV fluids and emergency medications are ready for use of the Code Team.

***** Fifth Responder

– In-charge with documentation.

DO'S

- 1. **Get involved** Be active with the code team even if it's your first time to be involved. It's a rare opportunity to be involved in an ongoing Code Blue and you can gain valuable experience as a nurse.
- 2. **Participate in mock codes** Healthcare institutions usually conduct mock codes especially for new nurses so they will be oriented with the hospital's policies during Code Blue. You will learn all the essential do's and don'ts by participating with these mock codes.
- 3. **After your first Code Blue, debrief with the team afterwards** Talk with the team about the things that went well and what areas need improvement. Debriefing after the code will help you improve your skills and knowledge in responding to codes.

DON'TS

- 1. Leaving the code right away Once the Code Team has arrived, don't leave the scene right away. You know your patient well and the team might need some information from you as the patient's charge nurse.
- 2. Switching roles without proper communication If you feel the need to switch roles, communicate with the team to ensure someone will take place of your role.
- 3. **Shouting** Be calm and communicate clearly. Do not shout or yell as it adds up to the tension of the team during a code. Speaking calmly also maintains your presence of mind throughout the event.

SOME OF THE MORE WIDELY USED CODES IN HOSPITALS INCLUDE:

Code Pink: Infant or child abduction

Code Orange: Hazardous material or spill incident

Code Silver: Active shooter

Code Violet: Violent or combative individual

Code Yellow: Disaster

Code Brown: Severe weather

Code White: Evacuation

Code Green: Emergency activation

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