

Code BLUE, Rapid Response & Medical Assist



Objectives

- Differentiate types of emergency responses used at HMC
- Review activation for Code Blue, RRT and Med Assist
- Review expectations of each role during a Code Blue
- Follow up for code and rapid response scenarios

Definitions

- Code Blue – Cardiac, respiratory arrest (any unconscious person)
- Rapid Response – Any in-patient that meets pre-determined clinical triggers
- Medical Assist – Visitors in non-patient care areas

Code Blue Activation

- Non-hospital (e.g. PSB, R&T, NJB) – dial 9-911

- HMC (including clinic building) dial 222
 - Except OR, PACU, ED, ?ICU





Code Blue



Dial 222

(hospital cell phones, hit 2, then 222)

“Code Blue < unit >, <bed #>”

Stay on the phone until the

operator hangs up

Called overhead, repeated x3

Code Blue – What you need...

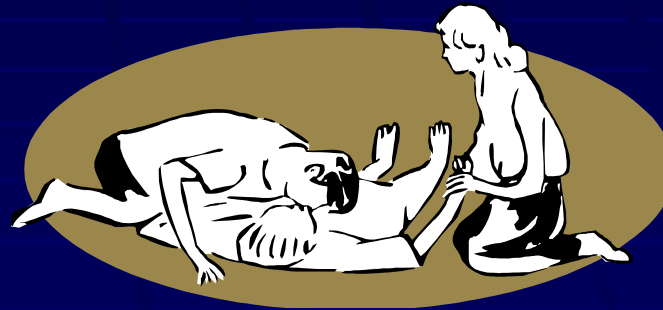
- Code Response RN (MCICU)
 - Operations RN
 - Brings cart with additional equipment
- 3E RN
 - Documentation
 - Assistance
- 5E RN
 - Life pak 20: Defibrillation, pacing, cardioversion

Code Blue – What you need...

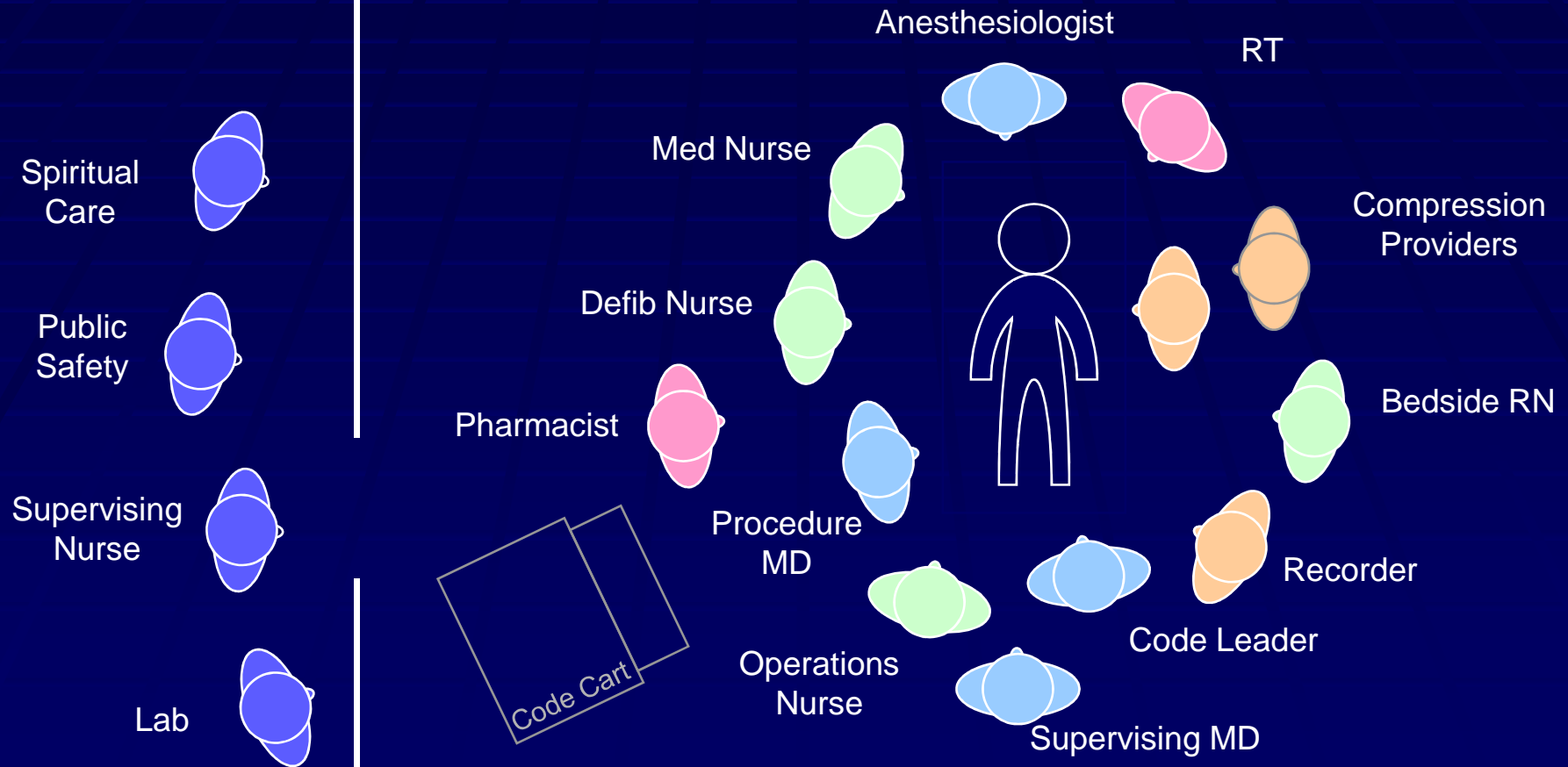
- Physician (MIC, CIC and/or Anesthesia)
 - Manages code
- Stat RN
 - Medication RN on acute care floors (ICUs- primary RN)
- Respiratory Therapist
 - Airway
- Pharmacist
 - Assists with medications and crash cart
- Lab Tech
 - Portable cart

Code Blue – What you need...

- Nursing Supervisor
- Security
- Patient's Nurse
 - First responder
 - History
 - Intervention
 - Resource
- Charge Nurse
 - Delegates duties
 - Resources
- HA/MA
 - Equipment
 - Runner
 - CPR



Code Blue Response Team & Responsibilities



Rapid Response Team

Rapid Response Team Quick Reference

Clinical Indices / Triggers for activating the Rapid Response Team:

- Any intuitive sense that something is going wrong with the patient
- Acute change in:
 - Mental status
 - Respiratory status:
 - Stridor – Noisy airway
 - Respiratory rate: <12 or >32
 - Increased effort to breathe
 - O₂ sat. <92 with increased O₂ requirements
- ABG orders for respiratory concerns
- CV status*:
 - HR <55 or >120
 - SBP <90 or >170
- New onset of
 - Chest pain
 - Agitation, restlessness
- Acute alteration in temp:
 - <35 C or >39.5 C



* Consider baseline when assessing and determining RRT activation.

Dial 222

**Ask for Rapid Response Team
To <Unit> & <Extension #>**
& ask for read back**

**Contact Patient's Primary Team & in-
form them that an RRT has been acti-
vated on their pt**

****Both pieces of information are important to
facilitate the process. The RRT will call back within
5 minutes & be on unit within 10**



Rapid Response



Dial 222

“Rapid Response to <unit>, <bed>, <extension>”

Stay on the phone until the operator hangs up

NO OVERHEAD CALL

RRT – What you will get...

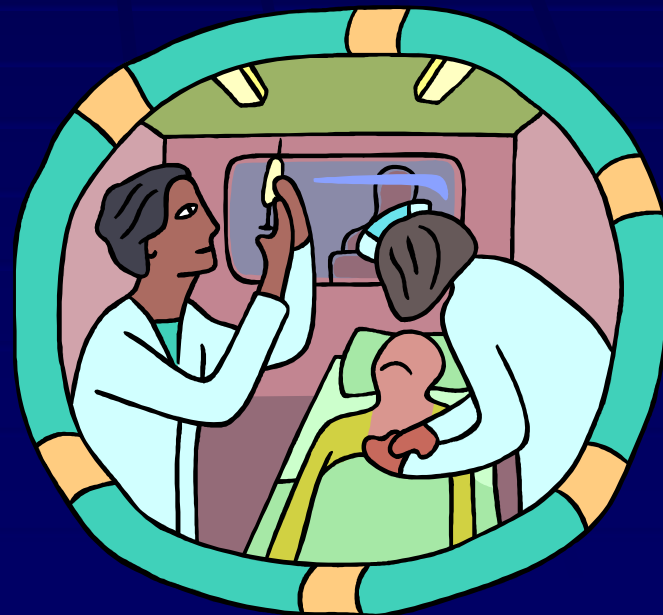
- STAT Nurse
- Respiratory Therapist
- Will call back within 5 minutes
- On scene within 10 minutes (average < 5)
- Patient's RN
 - Coordinate care with RRT
 - Notify primary team that RRT has been called
- RRT MD

RRT – What to expect...

- Documentation in ORCA
- Average length of call approximately 100 min
- 60% of patients stay on original unit
- Huddle toward end of the call
- Follow up VS
- RRT follow up with in 4 hours

“STAT Calls”

- Dial 222
- Specific service / MD
- Paged overhead



Medical Assist

- Visitors in non-patient care areas
 - If the visitor is unconscious...
- If a visitor has a problem in a patient care area (including the waiting room) the unit takes care of it
- Mostly mobility assistance



Medical Assist



Dial 222

“Medical Assist to <area>”

**Stay on the phone until the
operator hangs up**

NO OVERHEAD CALL

Medical Assist

- What you will get...
 - Lift team
 - Stat Nurse
 - Security
- **REMEMBER, if the visitor is unconscious
CALL A CODE**

The Crash Cart



- Outside
- Drawer 1 – Meds
- Drawer 2 – Labs
- Drawer 3 – IVs
- Drawer 4 – Peds
- Drawer 5 - Airway



REMEMBER – CALL

222