Code Blue, Code Pink and RRT\textsuperscript{CC}

Teaching Points for Inpatient/Ambulatory/Clinic RN, LVN, UAP, MA, AHP

UC San Diego Health System has a defined process for the management of all Adult and Pediatric cardiopulmonary arrests and a standardized Code Blue cart content list and exchange procedure to ensure emergency supplies are always readily available.

**Code Blue Adult Inpatient & Moores Cancer Center**

- **Role of the Primary Care Nurse during Code Blue**
  - Ensure activation of Code Blue (Any time a pregnant patient has a cardiopulmonary arrest both a Code Blue and a Code Pink must be called.)
    - Call for help while remaining with the patient and ensure CPR is initiated
    - Identify and stop infusions that may contribute to hemodynamic instability (inpatient); when provider arrives, inform them of all infusions that were temporarily stopped and obtain order to discontinue if necessary
    - Give report to the Code Team Leader
    - In telemetry monitored units, document pre-code ECG in patient’s medical record
    - Administer medications or perform other actions as directed by the code leader

- **Crash Carts** are to be checked daily for the following:
  - No expired medications or supplies in, or on the cart
  - O2 tank is full and has a regulator
  - Needle box is present and not full
  - Lock is intact and the number matches the log
  - The defibrillator check is to be done with the defibrillator **UNPLUGGED**
  - Confirm that the defibrillator is plugged back in after testing
  - Back-up battery pack charger should be plugged into a **red outlet** and all batteries should be fully charged
  - If a separate AED is on the cart, confirm that the battery indicator reads “**OK**” or by confirming a green check mark is displayed

**Code Blue Pediatric\textsuperscript{PSC}**

- A pediatric patient is an individual less than 14 years of age; patients 14 years old and over will be treated as an adult
- A Pediatric Code Blue will be called when the occurrence of an imminent or actual respiratory, cardiac or combined cardiopulmonary arrest of a pediatric patient less than 14 years of age; patients greater than 14 years of age should have an adult Code Blue called
- To call a Pediatric Code Blue, dial x6111 and specify “Pediatric Code Blue” along with the exact location of the incident
- The Pediatric Code Blue team consists of specific pediatric respondents and is a different team than the Adult Code Blue Team
- A pediatric crash cart, also known as a Broselow cart, should be brought to a Pediatric Code Blue whenever it is available in areas containing a pediatric crash cart
- A Broselow cart should be used for all necessary pediatric medications, equipment, and supplies
• Patient-specific code sheets with weight-based doses of resuscitative medications will be available at the bedside of pediatric patients and used whenever available (i.e. NICU, BICU)
• If a patient-specific code sheet is not available, the Broselow tape will be used to determine medication dosing
• Broselow tape placement is “Red to Head” followed by finding the colored box where the child’s heel lands to dose the patient (see image below)
• If the patient is shorter or taller than the limits of the Broselow tape, the weight-based dosing guidelines on the proximal end of the Broselow tape will be used

Code Pink

• **Code Pink is available to be called at both Hillcrest and La Jolla Campuses**
• A Code Pink is defined as the “occurrence of any neonatal emergency or unexpected delivery complication outside of the Labor and Delivery unit requiring emergent neonatal and/or obstetric care”
• All Code Pinks are called by dialing x6111
• When a Code Pink is called, the Code Pink team will consist of a Neonatal Team, an Obstetric Maternal Team, Pharmacist, Obstetric Anesthesiologist and other relevant personal
• A Code Blue should also be called in the event of a maternal cardiac and/or respiratory arrest and/or if patient exhibits loss of consciousness.

Rapid Response Team (RRT)

UC San Diego Health System has a defined process for the management of any adult patient requiring additional resources to ensure a positive outcome. The RRT is never intended to bypass regular communication with the patient’s provider or remove the provider from the role of primary director of patient care. The RRT is considered a consult service and will not assume primary responsibility for the patient.

Clinical triggers to activate the Rapid Response Team (RRT)

• Intuitive sense that something is wrong with the patient
• Acute change in mental or neurologic status
  - Agitation
  - Restlessness
- Confusion
- Seizures
- Acute change in Cardiovascular status including but not limited to new onset chest pain
  - Systolic B/P < 90 mmHg or > 170 mmHg
  - Drop in systolic BP > 20 mm Hg
  - Heart rate< 55 beats per minute or greater than 120 beats per minute
  - Rise in HR 20 beats per minute from baseline
- Acute change in respiratory status
  - Increased effort of breathing
  - Rise in respiratory rate > 12 per minute above baseline
  - Respiratory rate of <12 per minute or >28 per minute with respiratory symptoms:
    - Stridor or noisy airway
    - SpO2<92% with increased FiO2 requirements
- Pain
  - New, recurring or intractable that is non-responsive to medication
- Acute change in temperature
  - < 35 degrees centigrade or > 39.5 degrees centigrade
- Sudden blood loss

Inpatient RRT activation
- Dial x6111 at Hillcrest, Thornton, SCVC
- Identify hospital location as well as the exact patient location including floor, and room number

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