

**Brody School of Medicine at East Carolina University
ECU Physicians**

Topic: Code Blue and other Healthcare Emergencies (formerly Code Blue)	
Section No. 2	Section Name: Clinical
Approval Date: 06/09/97; 08/25/11	Approval: Paul R. G. Cunningham, M.D., Dean

I. Purpose

To provide guidelines for initiating resuscitation and activating either a Code Blue or local EMS (by calling 911) when a medical emergency occurs within any ECU Physicians location. When ECU employees are working in another accredited healthcare institution, the policies and procedures of that institution will supersede the procedures set forth in this policy.

II. Policy

- A. Any patient, visitor, or staff who experiences a potentially life threatening event will be treated, at a minimum, according to American Heart Association guidelines for basic life support (BLS).
- B. All clinical staff (direct patient care clinical support staff – “CSS”) will be current in basic life support training including use of the automatic external defibrillator (AED). In areas where adult or pediatric advanced life support equipment is required due to the clinical services provided, response staff will maintain current training in ACLS or PALS.
- C. Staff in clinical areas will maintain competence in response to emergency medical response procedures including the use of equipment. All clinical nursing and medical personnel will be current in basic life support training according to American Heart Association guidelines. Clinical staff will undergo annual training through “Mock Codes” or site specific reviews to document competency in emergency procedures and in the use of pertinent equipment. Each clinical department will assure these training opportunities are provided.
- D. Emergency equipment standards are determined by the level of care provided in the clinical site. The nurse manager will ensure that clinical equipment is in good working order, is regularly checked and has received preventive maintenance in accordance with manufacturer’s recommendations and contracted bio-medical services.
 - 1. BSOM clinical sites (Pediatric Outpatient and Brody Outpatient clinics) where the Pitt County Memorial Hospital (PCMH) code team responds will have crash carts supplied by PCMH. However, it will be responsibility of each BSOM clinic to ensure the equipment is in working order and is regularly checked.

Recommending Body ECU Physicians Board of Directors	Signature	Date: 08/25/2011
Effective Date: 07/01/97	Contact Person/Reference Source: Director, Nursing Services	Extension: 744-1882
Revision/Review Date: 02/06, 06/06, 07/08/2011	Revision/Review Person/ Source: Director, Nursing Services Director, Risk Management	Page 1 of 4

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2. Clinical sites where anesthesia or sedation may be used will adhere to all provisions for emergency care in accordance with ECU Physicians Policy #C6 – Conscious Sedation.
3. Clinic sites providing routine ambulatory care will have, at a minimum, an AED, an ambu bag, and emergency medications deemed appropriate by the clinic medical director.
4. If the clinic medical director deems that additional emergency equipment is necessary, a request will be made to the ECU Physicians Medical Director for consideration and endorsement.

III. Procedure:

- A. The first person to recognize that a person needs emergency medical help should shout, “I need help in _____” (stating location e.g. exam room 10) and initiate CPR immediately according to American Heart Association guidelines.
- B. PCMH Code Blue team at 7-4333 responds to emergencies within the Pediatrics Outpatient Center and Brody Clinics.
- C. All off-site clinical locations shall activate EMS by calling 911. This call will then be connected to the ECU Police Dispatch Center that will, in turn, connect the caller to the Pitt EMS (this will be a three-party call). The exception is the Bethel Clinic where all EMS (911) calls go directly to EMS. Give the following information and remain on the phone until the caller is assured that EMS has all the pertinent information, to at least include:
 - location (building and room) of the emergency;
 - the phone number you are calling from;
 - the nature of the emergency; and
 - the caller’s name.
- D. The nurse manager or designee will designate a staff member to wait at the appropriate facility entrance for either the hospital Code Team or EMS. It is imperative that someone assist the emergency personnel in locating the code area.

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- E. The nurse manager or designee will assign a staff member to record the emergency activities on the Code Blue Record worksheet (Attachment 1). The nearest available staff member should deliver site specific emergency equipment (AED's, Ambu bag, emergency medications or Code Cart) to the area.
- F. The first physician to arrive is responsible for taking the lead in assessment and management of the emergency until the Code Team or EMS arrives.
- G. The nurse manager or designee will assign staff to manage other patients and any party who may have accompanied the patient while emergency care is being provided.
- H. Transfer of Patient or Body from ECU Physicians Clinic
 - a. The nurse manager or designee will notify the Emergency Department that a patient is being transferred.
 - b. The patient should be transferred to the PCMH Emergency Department as soon as it is determined that the patient is stable for transport. If the patient is transferred by stretcher, the physician in charge will assign a physician and nurse to accompany the patient, bringing all necessary emergency equipment.

EMS will transport in all off-site clinics.
 - c. The physician may elect to contact EMS for transfer from the Pediatric Outpatient Clinic.
 - d. If the patient dies before transfer to the PCMH Emergency Department, the Pitt County Medical Examiner should be notified. PCMH Morgue will assist with disposition of the body. Both can be contacted at 744-4655.
- I. Follow-up
 - 1. The physician in charge of the emergency care and nurse should review and sign the Code Blue Record (see form attached) for accuracy and completeness before it is filed as part of the patient's permanent medical record.
 - 2. The nurse manager or designee will notify the Director of Nursing Services and Risk Management as soon as possible following the event.

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3. Director of Nursing Services and/or Risk Management will follow-up as deemed appropriate.
4. The nurse manager and/or physician in charge will meet with all staff to debrief and evaluate the effectiveness of the emergency response.
5. The nurse manager or designee of the site will ensure that all emergency equipment and supplies used during an emergency are replaced immediately.

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