TITLE: Code White Response: Pediatric	Reference: PC-332
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I.   PURPOSE:

   A.   To define a standardized response for pediatric medical emergency or suspected cardiopulmonary arrest.

II.   DEFINITION OF TERMS:

   A.   <u>Neonate</u>: Infant less than 30 days of age.

   B.   <u>Pediatric</u>: For the purpose of this policy pediatric is defined as any person who is less than 14 years of age. The exception to this specific age criteria includes any female who is known to be pregnant.

   C.   <u>Code White</u>: Emergency code name for all pediatric medical emergencies.

   D.   <u>Neonatal Resuscitation Program</u> (NRP) American Heart Association (AHA)/ American Academy of Pediatrics (AAP) standards and guidelines used to provide a systematic approach for emergency care for neonates with a neonatal medical emergency or suspected cardiopulmonary arrest.

   E.   <u>Pediatric Advanced Life Support </u>(PALS) American Heart Association (AHA) standards and guidelines used to provide a systematic approach for emergency care for children with a pediatric medical emergency or suspected cardiopulmonary arrest.

   F.   <u>Obstetric areas</u>: Labor & Delivery (L&D) and the Mother Baby Unit (MBU) are the units designated as obstetric areas. NRP Guidelines will be utilized to guide resuscitation efforts for neonates in obstetric areas.

   G.   <u>Emergency Response Locations: (</u>Table A)

      1.   **Main Hospital (Buildings 1, 2, 3)**

a) Patient care/treatment areas where inpatient and outpatient care is delivered.

b) Common areas such as cafeterias, lounges, lobbies, hallways, offices, and St Joseph Hospital (SJO) / Children Hospital of Orange County, Children's (CHOC) corridors on basement level.

2. **On-Campus areas** that are not physically connected to the Main Hospital (Buildings 1, 2, 3) are:

a) Cardiac Rehabilitation (Centrum Building)
b) Center for Cancer Prevention & Treatment
c) Chronic Renal/Kidney Transplant
d) La Amistad Clinic and Mobile Vans (while on campus)
e) Mother Baby Assessment Center
f) Outpatient Pavilion
g) Outpatient Services in Providence Building
h) Parking lots and driveways
i) Pedestrian Bridge across La Veta Avenue
j) Power Plants
k) Santa Ana Dialysis Center
l) Sr. Elizabeth Building
m) Sr. Frances Dunn (Northeast) Building
n) Trellis Building
o) Wound Center

3. **Off-Campus areas** include public roadways, sidewalks, mobile vans (while off campus) and buildings off the property.

III. **POLICY**:

A. Patients in cardiopulmonary arrest will receive cardiopulmonary resuscitation unless there is a written "Do Not Attempt Resuscitate" (DNAR) order.

B. A Code White is initiated when emergency assistance is needed to care for an infant or child requiring resuscitation.

C. It is the joint responsibility of the medical staff, nursing staff, and ancillary staff to respond in case of a life-threatening emergency.

D. Healthcare providers who are members of the Code White team must maintain current PALS provider recognition in non-obstetric areas or NRP provider recognition in obstetric areas.

E. Code White may be handled internally in the following areas.

1. Emergency Department (ED)
2. Operating Room (OR)
3. Post Anesthesia Care Unit (PACU)

4.   Cardiovascular Interventional Laboratory (CVIL)
5.   Labor & Delivery (neonatal codes only)

If additional assistance is required in these areas Code White will be paged overhead.

F.   Emergency responsibilities will vary depending on code response location.

G.   **Main Hospital (Buildings 1, 2, 3):**

1.   Each patient care area will have access to a code cart. Additional back-up carts will be provided as needed. A location of code carts is available in Table B.

2.   Emergency Department (ED) MD provides primary medical response to all pediatric codes with the exception of neonatal codes in obstetric areas. PALS Guidelines will be utilized for all pediatric codes except for neonatal codes in obstetric areas.

3.   CHOC Neonatologist will provide primary medical response to neonatal codes in obstetric areas using NRP Guidelines. In the event that a NRP Provider physician is not immediately available, then the resuscitation may be managed by a PALS Provider physician until relieved by the NRP Provider physician.

4.   All cardiopulmonary or respiratory arrest events managed under PALS or NRP Guidelines will be documented on the Code Record.

5.   Patient Care/Treatment Areas: The Code White team will respond to child/infant medical emergencies and treat the patient/victim utilizing PALS/NRP guidelines until the patient can be transported to the ED or transferred to an inpatient pediatric bed.

6.   The ED MD, ED Registered Nurse (RN), ED Patient Care Tech (PCT), Respiratory Care Practitioner (RCP), and Pharmacist will respond to and manage codes in common areas. Resuscitation will be initiated and continue until the patient can be transported to the ED.

H.   **On-Campus Areas**
1.   The staff will initiate and maintain BLS until the Community Emergency Medical Services (EMS) team arrives.

2.   Notify Community EMS as follows:

Call 911 (EMS) Directly	Call "66" (Hospital Operator). Operator will connect caller to EMS and notify ED and House Supervisor
• Cardiac Rehab (Centrum Building)	• La Amistad Clinic and mobile vans

• Center for Cancer Prevention & Treatment • Chronic Renal/Kidney Transplant Services • Santa Ana Dialysis Center • Wound Care Center	• Mother Baby Assessment Center • Outpatient Pavilion • Outpatient Providence Building • Parking lots and driveways • Pedestrian Bridge across La Veta Avenue • Power Plants • Sr. Elizabeth Building • Sr. Frances Dunn Building (Northeast Building) Trellis Building

3. Upon arrival, the EMS team assumes control of the code and transport of the patient.

I. **Off-Campus Areas:**

1. Code White Teams will not respond to medical emergencies off the hospital's property. Community EMS will be called and provide basic and advanced life support.

IV. PROCEDURE:

A. **Response in Main Hospital (Buildings 1, 2, 3)**

1. Code White team members (outside obstetrics areas):
   a) ED MD
   b) PALS Provider Registered Nurse (RN) from ED
   c) Pharmacist
   d) RCP
   e) Electrocardiogram (ECG) Technician

2. Code White Team members (in obstetric areas):
   a) CHOC Neonatologist
   b) NRP Provider RN
   c) CHOC NRP Provider RN
   d) CHOC pharmacist
   e) CHOC RCP

3. Responsibilities of the staff member finding the patient/victim:

   a) Establish unresponsiveness.
   b) Call for help or initiate code response if alone.
      (1) Initiate code response by dialing 66 reporting Code White and identifying location.
      (2) Activate emergency button if nearby.

        c)   If qualified, begin Basic Life Support (BLS)

4. Hospital operator responsibilities
   a) Summon the code team by overhead page and activation of code beepers.

   b) Continue to announce Code White overhead per SJO Emergency Overhead Paging Guidelines until cleared or cancelled. Activate code beepers to clear or cancel the code.

   c) Record in operator log per operator protocol.

5. Responsibilities of staff responding to call for help:
   a) Initiate code response if not already done

   b) Bring the code cart/defibrillator to the patient/victim.

   c) Assist with BLS if qualified.

6. Patient Care RN Responsibilities:

   a) Ensures BLS has been initiated (or NRP for neonate in obstetric area).

   b) Requests code cart, if not already present.

   c) Ensures documentation on the Code Record is initiated.

   d) Provides patient data and pertinent history.

   e) Assists the physician in post-code communication with the family.

   f) Reviews and signs the Code Record.

   g) Assists in facilitation of post stabilization triage to appropriate level of care.

7. PALS Provider RN Responsibilities:

   a) PALS RN #1:

      (1) Ensures that BLS is being performed per protocol.
      (2) Ensures placement of cardiac monitor and assesses initial rhythm.
      (3) Manages code according to PALS guidelines until relieved by a physician.
      (4) Assigns roles to ensure success of the resuscitation attempt.
      (5) Ensures vascular access, prepares and administers medications.
      (6) Assists in facilitation of post stabilization triage to appropriate level of care.
      (7) Reviews and signs the Code Record.

    b)   PALS RN #2:
- (1) Manages monitor/defibrillator.
- (2) Obtains and prepares supplies and medications from the code cart.
- (3) Facilitates family presence if PALS RN#3 not present.
- (4) Reviews and signs the Code Record.

    c)   PALS RN #3 (if available):
- (1) Assumes responsibility of documentation on Code Blue Record from patient care nurse and ensures that documentation is completed at the end of code.
- (2) Performs procedures as necessary.
- (3) Facilitates family presence if chaplain and/or House Supervisor is not available.
- (4) Reviews and signs the Code Record.

8.   NRP Provider RN Responsibilities:

    a)   NRP RN #1 (SJO RN until relieved by CHOC NRP Provider RN)
- (1) Ensures that NRP is being performed per protocol.
- (2) Manages code according to NRP guidelines until relieved by a physician.
- (3) Assigns roles to ensure success of the resuscitation attempt.
- (4) Prepares and assists with vascular access.
- (5) Prepares and administers medications.
- (6) Assists in facilitation of post stabilization triage to appropriate level of care.
- (7) Reviews and signs the Code Record.

    b)   NRP RN #2:
- (1) Obtains and prepares supplies and medications from the code cart.
- (2) Performs procedures as necessary.
- (3) Reviews and signs the Code Record.

    c)   NRP RN #3 (if available):
- (1) Assumes responsibility of documentation on Code Record from patient care nurse and ensures that documentation is completed at the end of code.
- (2) Performs procedures as necessary.
- (3) Reviews and signs the Code Record.

9.   Physician Responsibilities:

    a)   PALS Provider is required for Emergency, Pediatric, or Anesthesia physicians managing pediatric code.

b) NRP Provider is required for Neonatologist, Pediatrician, or Laborist physicians managing neonatal code in obstetric areas. In the event that one of the identified NRP Provider physicians is not immediately available, then the resuscitation may be managed by a PALS provider physician until relieved by the NRP Physician Provider.

c) Manages code per PALS/NRP guidelines.

d) Encourages a supportive environment characterized by professionalism, collaboration, and information sharing.

e) Facilitates family presence during codes.

f) Consults with team and other physicians, as necessary.

g) Assists in facilitation of post stabilization triage to appropriate level of care.

H) Reviews and signs the Code Record, as appropriate documents in the medical record.

10. Pharmacist Responsibilities:

a) Brings medications that are not available on cart due to special storage requirements.

b) Assists with preparation and calculation of medications and fluids

c) Serves as resource for the physician regarding dosages, compatibility, and other drug-related questions.

d) Reviews and signs the Code Record.

11. RCP Responsibilities:

a) Assist with BLS

b) Assist with airway management

c) Performs bag valve mask ventilation until intubation can occur.

d) Assist with intubation procedure.

e) Obtains arterial blood gases (ABG), performs analysis and reports to physician.

f) Remains with patient through transport to ED or transfer to an appropriate level of care.

g) Reviews and signs Code Record.

12. Responsibilities of Other Hospital Roles/Positions:

a) Chaplain and/or Social Worker:

(1) Supportive to family's spiritual need with accommodation to the cultural and religious beliefs and practices of the family.

(2) Acts as the family support person when family members choose to be present during the resuscitation event by answering questions clarifying information and offering comfort.

        (3)   Acts as a liaison for family members not present at resuscitation.

        (4)   Supports relatives and other patients and/or family as requested.

    b)   Unit Secretary:

        (1)   Takes chart to the room or area when directed.

        (2)   Initiates phone calls to physicians and/or family as requested.

        (3)   Directs arriving personnel to the patient room or area.

    c)   House Supervisor/Manager:

        (1)   Supports staff as needed, including coordination of staff and crowd control.

        (2)   Acts as the family support person when family members choose to be present during the resuscitation event by answering questions clarifying information and offering comfort.

        (3)   Acts as a liaison for family members not present at resuscitation.

        (4)   Ensures documentation of Code event. In the role of recorder reviews and signs Code Record.

        (5)   Assists in facilitation of post stabilization triage to the appropriate level of care.

    d)   Clinical Coordinator/Charge Nurse:

        (1)   Facilitates communications with family.

        (2)   Ensures code is cleared when all code team members are present.

        (3)   Performs crowd control in absence of Security or House Supervisor.

    e)   Security Officer performs "crowd control"

    f)   EKG Technician performs EKG as required.

13.   Documentation**:**

    a)   The unit RN will initiate documentation on the Code Record.

    b)   A code team RN will assume responsibility for documentation.

        (1)   If no code team RN is available the nursing supervisor will assume documentation responsibility.

        (2)   If neither is available the unit RN will continue the documentation.

       c)   If a patient has return of spontaneous circulation (ROSC) and then has a subsequent cardiopulmonary arrest the documentation will be as follows:

          (1)   ROSC ≤ 20 minutes; use same Code Record
          (2)   ROSC >20 minutes; a new Code Record must be initiated.

       d)   Copies of the Code Record will be distributed as indicated on form.

B.   **On-Campus (Outside Main Hospital) Response:**

   1.   The following outpatient areas have defined code response policies (including documentation requirements) to be followed:
       a)   Outpatient Pavilion
       b)   Center for Cancer Prevention and Treatment

   2.   All other On-Campus areas will notify Community EMS as follows:

Call 911 (EMS) Directly	Call "66" (Hospital Operator). Operator will connect caller to EMS and notify ED and House Supervisor
• Chronic Renal /Kidney Transplant Services • Santa Ana Dialysis Center • Wound Care Center	• La Amistad Clinic and mobile vans • Mother Baby Assessment Center • Outpatient Pavilion (Offices) • Outpatient Providence Building • Parking lots and driveways • Pedestrian Bridge across La Veta Avenue • Power Plants • Sr. Elizabeth Building • Sr. Frances Dunn Building (Northeast Building) Trellis Building

       a)   Call for help or initiate EMS call if no one else is present to call
       b)   Initiate BLS if qualified
       c)   Obtain AED (if available), turn on and follow prompts.
       d)   Continue with BLS until EMS arrives and assumes responsibility for the code.

   3.   Documentation
       a)   All PALS/NRP managed codes will utilize the SJO Code Record.
       b)   BLS managed codes will be documented in the medical record.
       c)   Documentation will continue on SJO appropriate record until control of the code is assumed by EMS.

V.   RELATED FORMS:

Location of Code Blue/White Response (Table A)

Code Cart Locations (Table B)

VI.   RELATED POLICIES:

Advanced Pediatric Life Support, Clinical Manual

Basic Life Support, Clinical Manual

Code Cart Maintenance, Clinical Manual

Emergency Medication Management, Clinical Manual

Family Presence During Resuscitation, Clinical Manual

Pavilion Code Blue/White Response, Clinical Manual

Neonatal Resuscitation Program, Clinical Manual

VII.   REFERENCES:

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American Heart Association, Guidelines 2010 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care http://circ.ahajournals.org

American Heart Association *Handbook of Emergency Cardiovascular Care for Healthcare Providers,* 2010 Edition.

American Heart Association, *Pediatric Advanced Life Support Provider Textbook,* 2010 Edition.

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The Joint Commission