"Ready or Not": Code Blue CPR ~ Professionals Saving Lives!

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ABSTRACT

➤ Cardiac or respiratory related complications may arise and warrant the need for emergent interventions.
1. Due to recent advances in endoscopy procedures, adequate sedation and analgesia are critical factors of Diagnostic and Therapeutic Endoscopy procedures.
2. Various sedation and analgesia being used depending on the procedure and or patient history. Cardiac or respiratory related complications may arise and warrant the need for emergent interventions.
3. All medical staff in the Endoscopy suite must be competently prepared to respond in a code situation.

ASSESSMENT & INTERVENTION

We’ve all received training in response to emergency situations. Currently responding to codes has become a necessary critical task. Annual rotation has increased unit staff members, nurses, technicians, fellows, and anesthesiologists. Currently the majority of our staff don’t know what numbers to call. It has become critical to establish code protocol.

Non emergency personnel must know the location of the call light in the procedure room to get assistance. There is an active code team located on the Beth Israel Deaconess Medical Center campus. Our responsibility as a unit is to be the first line of defense and response time is crucial. According to a Code Case study, “...Code blue team members should be familiar with the geographic layout of their areas of responsibility...” (Refer to embedded map to the right)

A survey was performed throughout the unit, by pulling the emergency light and recording the response time. Benchmarking information that was used is based upon this article “Code Blue - Where To? (AHRQ).” Based on this case study versus the benchmarking information leaves vast areas for improvement.

A meeting was held with the Anesthesia Department team, and it was decided to collaborate an in-situ mock code for GI. The next step was to meet with the director of the simulation laboratory. During this time, objectives, goals, resources, were outlined and a targeted timeline response was created according to the Article “Code Blue - Where To? (AHRQ)”. 1

METHODS

➤ To evaluate the staff learning experience and to help with team building and overall staff confidence.
➤ It was decided that we would use a few scenarios that included in-situ mock code video taping one day for three hours followed by a debriefing and survey.
➤ It is important that we develop a campus map and familiarize ourselves with it in response to an emergency.
➤ A telephone roster is required based upon the urgency of the code, and what personnel are required.

Example of a Campus Map 2

Example of Code Name & Emergency Situation Chart 6

Better response time to codes, 30 endoscopy staff have currently participated with mock code.

As a result endoscopy staff are feeling comfortable responding, therefore reducing mistakes.

Through repetition of in situ mock, responding to codes will become as familiar as sanitizing our hands between daily tasks!

CONCLUSION

In response to the requirement for better code response, this study serves as a foundation in which the Endoscopy unit will build upon through study of the in-situ mock code video taping 3. Maps 5 of the campus in relation to the responding personnel must be developed, along with a standard response time acceptable by the endoscopy unit.

REFERENCES