

Title:	Code Blue	Page 1 of 2
Policy No:	1 CLN 038	Effective Date: March 31, 2005

## OBJECTIVE

To provide a process that ensures appropriate staff and necessary emergency equipment/supplies are available for patients, visitors, staff and persons experiencing a cardiac, respiratory, or medical emergency while inside Detroit Medical Center.

## SCOPE

Medical, Patient Care Delivery, Emergency Department, Pharmacy, Respiratory Care, Anesthesia, Transportation, Material Management, and Security staff.

## DEFINITIONS

Code Blue:

Code Blue is the state of emergency established to handle, in a prompt and orderly manner, any unexpected cardiac, respiratory, or medical emergency occurring at one of the Detroit Medical Center facilities as described in policy below.

## POLICY

Resuscitation services are available to persons inside DMC facilities as described. A process is in place to ensure rapid response, appropriate intervention by competent staff, and necessary equipment/supplies for persons experiencing cardiac, respiratory, or medical emergencies.

For purposes of this policy, "inside" the Detroit Medical Center will include: DMC facilities that perform emergency services; DMC facilities that are both neighboring and internally accessible to a DMC facility that performs emergency services and DMC facilities that are neighboring a DMC facility that performs emergency services, is easily accessible to, and has the capability to support code blue personnel and services.

## PROVISIONS

1. Each hospital site has a process to ensure that designated competent staff responds to code blue events.
2. For any suspected medical emergency that occurs outside DMC facilities as described above, but within the confines of the DMC campus, the Tier 2 Security Policy will be followed.
3. For any suspected medical emergency that occurs in one of the Detroit Medical Center Provider Based clinics, that site/facility will immediately contact the appropriate DMC Emergency Room personnel for consultation.
4. Code Blue Team Members may include, but are not limited to:
  - Residents and/or attending physicians
  - Anesthesiologist or CRNA
  - Staff Nurse
  - Respiratory Therapist
  - Pharmacist
  - Security
  - Transportation Personnel
  - Chaplain

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5. Each operating unit's Code Blue Committee is responsible to ensure the availability and implementation of effective resuscitation services. The Code Captain will designate one clock for the Code Team to synchronize their efforts and for recording purposes. If possible, the defibrillator's clock will be used as the first choice for clock synchronization.
6. Operating units collect resuscitation attempt data and use it to identify areas for improvement in resuscitation efforts and for further study.
7. Each site's Code Blue or CPR committee submits quarterly reports to the site Leadership Performance Improvement Coordinating Committee that minimally includes:
  - A. Patient demographic information (medical record number, diagnosis, age and gender),
  - B. Date,
  - C. Time,
  - D. Location,
  - E. Duration and
  - F. Outcome of code
  - G. Process Measures – Time interval from collapse/arrest to:
    - (1) Start of CPR
    - (2) First defibrillation
    - (3) Advanced airway management
    - (4) First administration of resuscitation drugs
    - (5) Return of spontaneous circulation (ROSC)
  - H. Outcome Measures: collected immediately after resuscitation and 24 hours after return of spontaneous circulation (ROSC)
    - (1) Patient survival
    - (2) Patient disposition
8. The events of the code are recorded/documented on a cardio-pulmonary resuscitation/code blue report form.

**ADMINISTRATIVE RESPONSIBILITY**

The DMC Senior Vice President/ Chief Medical Officer has day-to-day operational responsibility for this policy.

The DMC Executive Vice President/Chief Operating Officer has overall responsibility for this policy.

**APPROVAL SIGNATURES**

\_\_\_\_\_  
**Senior Vice President/Chief Medical Officer**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Executive Vice President/Chief Operating Officer**

\_\_\_\_\_  
Date

Review Date

March 31, 2006

Supersedes:(12/1/98); 3/22/02; February 2005

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