

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS ADMINISTRATIVE POLICY AND PROCEDURE	No. .07.02.002 Page <u>1</u> of <u>7</u>
SUBJECT: RESUSCITATION (CODE 99) POLICY	Date: 5/15/82 Replaces: .07.02.002 Date: 6/01/81

PURPOSE: To establish and maintain timely response to situations requiring cardio-pulmonary resuscitation (CPR).

APPLICABLE TO: All Personnel, specifically, Medical, Nursing, Pulmonary Care, Pharmacy, Mail & Telephone

### POLICY

- I. Resuscitation measures shall be initiated immediately for any person in one of the UTMB Hospitals determined to be pulseless and/or apneic unless there is a physician's written order on the order sheet to withhold CPR in the event of cardiopulmonary arrest.
- II. Resuscitation (Code 99) teams will respond immediately to calls for assistance to provide resuscitation and/or life support measures.
- III. Should a person be found pulseless and apneic in a non-hospital building, activate Galveston County E.M.S. by dialing 9-911.
- IV. Responsibilities of the Resuscitation Committee include: recommendations for resuscitation policy; code team composition, qualifications, and roles; code cart contents, including a review for revisions at least annually; and review of all debibrillator requests prior to purchase. (See Policy No. .02.03.003 a.ix.).

### PROCEDURE

#### I. Composition of Code Teams

- A. There are two resuscitation teams, Adult and Child. Adult resuscitation team members will respond to Adult Code 99's. Child resuscitation team members will respond to Child Code 99's. Both teams will respond to unspecified Code 99's. Specific members listed in Section B. below.
- B. It is the responsibility of each individual department to guarantee that immediate Code 99 response will include the following individuals:

##### 1. Adult Code 99

- Medicine: All house officers carrying red beepers
- Anesthesiology: Resident
- Surgery: Resident
- Pulmonary Care: Pulmonary Care Coordinator
- Nursing: Four nursing personnel carrying red beepers (3 nurses and 1 unit manager)

Service primarily responsible for the patient's care: Resident  
(Responsible for calling faculty attending and family)

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2. Child Code 99

- Pediatrics: Senior Resident on Call (during the day, the Admitting Officer)
  - Pediatrics: Two other Residents
  - Anesthesiology: Resident
  - Surgery: Pediatric Surgery Resident
  - Pulmonary Care: Respiratory Therapist assigned to Child Health Center
  - Nursing: Four nursing personnel carrying red beepers (Nursing Care Coordinator assigned to Child Health Center, 2 other nurses, and Unit Manager assigned to the Child Health Center).
  - Pharmacy: Pharmacist assigned to Child Health Center
- Pediatric Team or Pediatric Subspecialty Team on which code occurred:  
Resident (Responsible for calling faculty attending and family)

3. Unspecified Code 99

All members of Adult and Child Code Teams are listed above.

- C. All patient care personnel, i.e., physicians, nurses and respiratory therapists, who are potential code team responders must be certified in Basic Cardiac Life Support; physician responders must be certified in Advanced Cardiac Life Support. Advanced Cardiac Life Support is recommended for all responders.
- D. All potential code team responders and unit nurses must be familiar with the Code 99 Cart contents. This information is available in the UTMB CPR Education Lab as part of Advanced Cardiac Life Support Training and as a separate inservice session.

II. Communication System: Red Code 99 Beepers

- A. At all times, eligible responders, as identified by the black dots in the "Procedure Section I. B." will carry red Code 99 beepers.
- B. Each morning at approximately 0830, the operators will activate all code beepers as a functional test.
1. In order to verify beeper and personnel responsiveness, each Code 99 responder must immediately check in with the operator at 4004.
  2. To prevent momentary switchboard overload, there will be two calls at 0830 for Group 1 and Group 2. Medicine Residents, Pediatric Residents and all other Child Health Center red beeper carriers will respond as Group 1. All others will respond as Group 2.



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3. In the event of a Code 99 at test time, the test will be deferred until 0830 the following day.
- C. The operator will call the members who fail to answer on their regular beeper number.
  1. All responses and failures will be recorded in a log, which will be forwarded monthly to the Resuscitation Committee.
  2. These records will be reviewed periodically by the Hospital Resuscitation Committee and frequent non-responders will be reported to their department heads.
- D. When no response is obtained from a beeper by either Code 99 test or by calling the beeper number, the operator should notify the responsible department:
  - Medicine..... 1386
  - Surgery..... 1203
  - Anesthesiology..... 1221
  - Nursing..... 2146  
(Weekends/Holidays).. 2144
  - Respiratory Therapy... 1635
  - Pediatrics..... 1594
  - Pharmacy..... 1174
  1. Each department must identify an individual responsible for tracking down non-responders from their department on a daily basis.
  2. This person's name and extension number must be forwarded to the Hospital Resuscitation Committee and the Hospital Operator.
- E. In the event of beeper system breakdown, Code 99's will be voice-paged throughout the hospital.
  1. Each resuscitation team department will still be expected to provide adequate response until the beeper system is repaired and the red beepers tested.
  2. In the event of a Code 99 in Jennie Sealy Hospital, or other areas where there is no paging system, during a beeper system breakdown, all Adult Code 99 Team members, including all Medicine residents, will respond.

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### III. Calling a Code 99

- A. Basic life support measures shall be initiated immediately for any person determined to be pulseless and/or apneic unless there is a physician's written order on the order sheet to withhold CPR in the event of cardio-pulmonary arrest.
- B. Help should be summoned swiftly while basic life support continues. THE CALLER SHOULD DIAL 4000 AND TELL THE OPERATOR THE EXACT LOCATION (UNIT AND BUILDING), THE TYPE OF CODE (ADULT, CHILD, OR UNSPECIFIED), AND THE CALLER'S NAME.
- C. The operator will obtain the information noted and record the location, name of person calling, date, time, and operator's name.
- D. The operator will call the Code 99 via the radio system, indicating Adult, Child, or Unspecified Code 99; repeat the call in 15 seconds; and repeat the call in 60 seconds. This includes paging team members and calling the appropriate unit to dispatch the Resuscitation Cart.
- E. The operator will call the involved unit within 3 minutes (4 minutes in Graves Hospital) from original notification to the Resuscitation Team to see if the team has begun to arrive. If the team has not arrived, the operator will beep individually or, if necessary, use the hospital loud-speaker system to page Code 99 Team members "STAT".
- F. The operators will activate only the red beepers for Code 99's.

### IV. Response to a Code 99

- A. The Resuscitation Cart will be taken to the location of the victim by the unit staff person who answers the operator's call.
- B. In the event of a Code 99 in a non-patient unit area in the Towers and Old John Sealy Building, Sterile Processing Department personnel, upon notification by the operator, will rush their Code 99 Cart to the victim's location.
- C. Immediately upon notification by the operator, each beeper carrier of the appropriate team must rush to the Code 99 location. Upon arrival and after assurance of the adequacy of basic life support, advanced life support measures will be instituted immediately, if necessary.



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D. Team Responsibilities in a Code 99 are as follows:

1. Physicians

- a. The first physician certified in Advanced Cardiac Life Support arriving on the scene will be responsible for the subsequent conduct of the resuscitation. This includes stabilization and transport of the successfully resuscitated victim to the appropriate fixed life support unit. Additionally, this physician must sign the completed Code 99 record.
- b. The anesthesiologist will provide access to the airway and ventilation as assisted by the Respiratory Therapist.
- c. The internist/pediatricians will provide cardiac massage, ECG interpretation, drug recommendations, and observe vital signs.
- d. The surgeon will provide an intravenous route and other apparent surgical necessities.
- e. The above medical roles are not to be interpreted as rigid guidelines. Relative training, skill, and experience of each physician may dictate exchange or sharing of the above prescribed roles.
- f. The physician conductor of the code in cooperation with a physician representative of the patient's primary care team, if possible, will determine the extent to which unsuccessful resuscitative efforts should be continued.
- g. The role of the primary physician, if present, is to indicate when a code is not to be initiated and when to discontinue apparently unsuccessful resuscitative attempts. Additionally, if the primary physician is a Code Team member with Advanced Cardiac Life Support certification, he will assume responsibility for the subsequent conduct of the code upon arrival and sign the completed Code 99 record after the code.
- h. Whenever possible, a medical staff member, certified in Advanced Cardiac Life Support, will attend codes as a representative of the Hospital Resuscitation Committee. His role will be to monitor the progress of the code and aid in decision making, including therapeutic interventions as well as determining the extent to which unsuccessful efforts are pursued.

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- i. The resident representative of the service primarily responsible for the patient's care is responsible for notification of the patient's attending medical staff member (faculty person) and family.

2. Nursing Personnel

- a. The unit nurse must ensure the adequate initiation of basic life support. After arrival of the code team and institution of advanced life support, the unit nurse will dispense code cart contents until relieved. Then the unit nurse will return to other patients' care.
  - b. The first code team nurse to arrive will be responsible for initiation of record keeping.
  - c. The second code team nurse to arrive will relieve the unit nurse and dispense code cart contents.
  - d. The Director of Nursing or designee will be responsible for traffic control and immediate notification of the resident representative of the service primarily responsible for the patient's care. THIS NOTIFICATION IS ESSENTIAL.
  - e. Nursing Service is responsible for detailed accurate completion of the Code 99 form. On the 7-3 shift, this is the Supervisor, Head Nurse or designee for the area. On the 3-11 shift, this is the Nursing Care Coordinator for the area.
  - f. The code team unit manager will be responsible for obtaining equipment and supplies, including an additional cart and monitor-defibrillator, if necessary.
3. The Pharmacist on Child Codes will assist in securing required drugs as well as provide information on dosages, compatibilities and modes of administration, as requested. These duties are performed by physician members on the Adult Code Team.
  4. In the event of a second Code 99, the conductor of the first code and necessary team members will remain with the initial victim, and all other team members must rush to the location of the second victim.

V. Carts

- A. At the conclusion of the resuscitation, the respiratory therapist will be responsible for replacing the cart with a fresh one and restocking the used cart.



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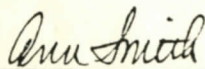
- B. The red Code 99 Crash Cart will not be used for any purpose other than a paged Code 99. A charge will be initiated when the security of either the cart or the airway bag is compromised and their contents used. This charge will be forwarded to Central Supply if the cart is kept in a Central Supply storeroom, or to the unit if the cart is kept on the unit.

VI. Beepers

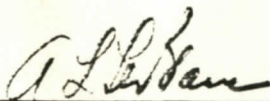
- A. Broken beepers may be exchanged by the beeper carrier for repair in the Department of Pulmonary Care Services. The beeper carrier will be required to sign for the replacement, which must be returned when the assigned beeper is repaired. The hospital operator must be notified of the beeper swap at the time of initial beeper exchange and when the original beeper is returned to service.
- B. A spare, fresh battery should be available intradepartmentally for each beeper. Battery chargers are distributed with each beeper. Two spare batteries are distributed for each beeper. Batteries should be kept in charger on "floating" in an area accessible to beeper carriers 24 hours a day. If the batteries are continuously charging and rotated when necessary, spare battery requests to Pulmonary Care Services should be infrequent. AN EXPLOSION HAZARD MAY RESULT FROM ATTEMPTS TO RECHARGE DISPOSABLE BATTERIES.
- C. Each department will be charged for replacement of lost Code 99 beepers and chargers, repair of abused Code 99 beepers, and replacement of lost rechargeable batteries.

REFERENCES:

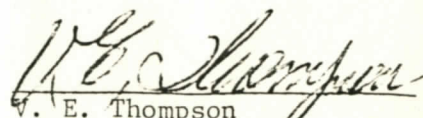
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