

NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE CODE BLUE PROTOCOL

PURPOSE

Ensure an established and organized plan in the event of a cardiac/respiratory arrest. It is a requirement for employees providing direct patient care to be BLS certified.

Definition: Code Blue - An emergency code called for anyone who requires immediate resuscitation or impending loss of airway.

POLICY

1. Emergency supplies and equipment are maintained in designated areas and are checked daily.
 - a. Supplies are secured in a manner to ensure integrity of the contents and rapid access by personnel during an emergency code.
2. Initiate a code blue response by pushing the Code Blue button on the wall in the area the emergency is occurring in.
3. The following activities are authorized prior to physician arrival:
 - a. BLS procedures according to current AHA protocols
 - b. ACLS procedures initiated by a certified RN according to AHA protocols
 - c. Initiating an IV of normal Saline
4. If available an **Anesthesiologist** will direct the code
5. If available a **Nurse Anesthetist** will direct the code until an **Anesthesiologist** is present
6. If no anesthesia personnel are on site a **certified RN** will be responsible for the code according to AHA standards.

Team Member Responsibilities

Many of the following activities may be enacted simultaneously. The order does not mandate their exact sequence of occurrence in the code setting. The emergency crash cart has a binder on top of cart with crash cart contents/ a daily check list/ monthly outdate check list, plus Emergency Tape to use as a reference during pediatric cardiac/respiratory arrest situations. Algorithms for Adults and Pediatric patients can be found in this binder if needed to assist.

A. **ALL** personnel that are available shall respond!

1. Any available staff member will obtain emergency cart, monitor-defibrillator, and cardiac board. Obtain portable O2 tank and portable suction if code is in an area where in-line equipment is not available.
2. Place patient on cardiac board.
3. Maintain patent airway.
4. Ventilate with 100% oxygen with bag-valve-mask unit or intubation by trained personnel.

5. Continue chest compressions.
- B. Identify team leader to assume the following responsibilities.
 1. Record events on Code Blue flow sheet
 2. The primary RN will assess patient.
 3. The primary RN will direct and supervise team members until the anesthesiologist arrives.
 4. Anesthesiologist and/or anesthesiologist and/or ACLS trained RN will determine if 9-1-1 should be called.
 - a. In the event of a *CODE BLUE* and only two RNs are present, activate 9-1-1 immediately
 5. The manager or charge nurse will solve problems and assign a team member to the family.
 6. Report patient history and document information about events leading up to the code.
- C. Rhythm Diagnosis.
 1. Connect chest leads to patient, but do not interrupt CPR.
- D. Prompt defibrillation if indicated, by properly trained personnel.
 1. Use correct algorithms.
 2. Place pads in proper location.
 3. Select appropriate power (joules).
- E. Administer medications per AHA protocol
- F. Provide ongoing assessment of the patient's response to therapy during resuscitation.
 1. Assess frequently.
 2. Check if pulse is generated with CPR.
 3. Check adequacy of artificial ventilation.
 4. Check for spontaneous pulse after any intervention/rhythm change.
 5. Check for spontaneous breathing with return of pulse.
 6. Take blood pressure if pulse is present.
- J. The Perioperative Manager or most senior department head available will make arrangements for transfer to a hospital.

ATTACHMENTS

- 3005A Code Blue Record
- 3008 Crash Cart Medications and Supplies
- 3008a Crash Cart Contents
- 3008B Crash Cart Medications

Code Blue Record

Patient Sticker

1 of 2

Section 3000: Emergency Policy 3005 Attachment A Code Blue Record

Date/Time Event Recognized: _____				Location: _____				Witnessed: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																															
Age: _____		Weight: _____		Height: _____		Hospital-wide response activated? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																	
Illness Category: <input type="checkbox"/> Medical Cardiac <input type="checkbox"/> Medical Noncardiac <input type="checkbox"/> Pediatric <input type="checkbox"/> Infant <input type="checkbox"/> Surgical Cardiac <input type="checkbox"/> Surgical Noncardiac <input type="checkbox"/> Other																																																																																																																																																																																																																																																																																																																																							
Condition when need for compressions/defibrillations was identified? <input type="checkbox"/> Pulseless <input type="checkbox"/> Pulse (poor perfusion)																																																																																																																																																																																																																																																																																																																																							
Did the patient with a pulse requiring compressions become pulseless? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																							
Conscious at onset? <input type="checkbox"/> YES <input type="checkbox"/> NO Monitoring at onset: <input type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Apnea <input type="checkbox"/> None																																																																																																																																																																																																																																																																																																																																							
Airway/Ventilation						Circulation				Resuscitation																																																																																																																																																																																																																																																																																																																													
Breathing: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Apneic <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted						1 st Rhythm Requiring Compressions: _____				Time Resuscitation Event Ended: _____ Reason Resuscitation Ended: <input type="checkbox"/> Survived: Return of Circulation (ROC) > 20 min <input type="checkbox"/> Died: Efforts Terminated (No Sustained ROC) <input type="checkbox"/> Died: Medical Futility <input type="checkbox"/> Died: Advance Directives																																																																																																																																																																																																																																																																																																																													
Time of first assisted ventilation: _____						1 st PULSELESS Rhythm: _____																																																																																																																																																																																																																																																																																																																																	
Ventilation: <input type="checkbox"/> Bag-Valve Mask <input type="checkbox"/> Endotracheal Tube <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other						Time chest compressions started: _____																																																																																																																																																																																																																																																																																																																																	
Intubation: Time: _____ Size: _____						ResQPod Used? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																	
By Whom: _____						Patient Defibrillated? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																	
Confirmation: <input type="checkbox"/> Auscultation <input type="checkbox"/> Exhaled CO2 <input type="checkbox"/> Other						If yes, time of first shock: _____																																																																																																																																																																																																																																																																																																																																	
AED Applied: <input type="checkbox"/> YES <input type="checkbox"/> NO						Pacemaker On: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Time</th> <th colspan="2">Breathing</th> <th colspan="2">Pulse</th> <th colspan="3">Vital Signs</th> <th colspan="5">Circle Route (IV or IO)</th> <th colspan="5">Write in Other Meds (dose/route)</th> </tr> <tr> <th>Spontaneous</th> <th>Assisted ()</th> <th>Spontaneous</th> <th>Assisted ()</th> <th>BP</th> <th>Rhythm</th> <th>Defibrillator Type AED/Manual</th> <th>Joules</th> <th>Amiodarone Dose/ IV or IO</th> <th>Atropine Dose/ IV or IO</th> <th>Epinephrine Dose/ IV or IO</th> <th>Lidocaine Dose/ IV or IO</th> <th>Vasopressin Dose/ IV or IO</th> <th></th><th></th><th></th><th></th><th></th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div> <div style="width: 50%; text-align: center; padding-top: 20px;"> Comments: e.g., Peripheral Line Placement, IO, Vital Signs, Response to Interventions </div> </div>												Time	Breathing		Pulse		Vital Signs			Circle Route (IV or IO)					Write in Other Meds (dose/route)					Spontaneous	Assisted ()	Spontaneous	Assisted ()	BP	Rhythm	Defibrillator Type AED/Manual	Joules	Amiodarone Dose/ IV or IO	Atropine Dose/ IV or IO	Epinephrine Dose/ IV or IO	Lidocaine Dose/ IV or IO	Vasopressin Dose/ IV or IO																																																																																																																																																																																																																																																																																													
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**NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE
CRASH CART MEDICATIONS AND SUPPLIES**

Policy

Ensure the immediate availability of emergency drugs and supplies. The emergency cart is checked every day, Monday through Friday, and/or after each use. An itemized list of the contents of each drawer of the crash cart is kept on the clipboard on the cart.

Procedure

1. The integrity of the lock must be verified. If the seal is not intact, all contents must be checked and items replaced as necessary before the cart is resealed.
2. Documentation Monday through Friday regarding the examination of the crash cart and the verification of the integrity of the cart is the responsibility of the Pre and Post-Op personnel.
3. The portable oxygen tank is checked to make sure the tank is 1/2 full or greater, and there is an ambu bag present on the crash cart.
4. The crash cart items and emergency drugs should be checked for outdates on a monthly basis, utilizing the itemized list and replacing outdates. This is the responsibility of the Pre- and Post-Op RN's.
5. The monitor and defibrillator on the crash cart completes an automatic internal test daily. It is the responsibility of the Perioperative nurses to verify daily during hours of operation that the test passed.

Medical Director

Date

**NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE
CRASH CART CONTENTS**

Top of Cart

Defibrillator
Portable Suction Canister with Suction tubing, 2 suction catheters (14Fr)
3 Ring Binder with CPR/Code forms
Handbook of Emergency Cardiovascular Care (ACLS)
ACLS/PALS current Algorithms
Broselow tape
Yankauers (2)
NRB/Ped masks
OneStep CPR Complete Multifunction Electrode, 2
OneStep Pediatric CPR Multifunction Electrode 2
Second-line Med Request sheets
Electrodes
Calculator

Sides of Cart

O2 tank
Peds Ambu Bag and 2 masks w/oral airways size 5, 6, 7
Adult Ambu Bag and mask w/oral airways size 8, 9
Backboard
Pediatric Rebreather
Adult Rebreather

Drawer One: Crash Cart Medications

Medications, alcohol preps and labels (**SEE attachment 3008 for med list**)
Anaphylaxis Kit (Epi 1mg/ml, filter needles, 3 TB syringes, 3 IM needles)

Drawer Two: IV supplies/Needles

See attachment 3008 for supplies
Micro drip tubing (1)
Secondary Tubing (2)
Primary Tubing (2)
IV Start Needles: 18g, 20g, 22g, 24g (5 of each size)
Control-a-flo Regulator Extension Tubing
Extension Tubing
Three-way stopcock (3)
Durapore tape
Tourniquet (3)
19g x 1.5 inch needles (5)
25g x 1.5 inch needles (5)

25g x 5/8 inch needles (5)
Filter needles (2)
Spinal needle, 22g (1)
Microclave adapters (saline locks) (2)
Needleless vial adapters (5)
Syringes: 60cc (2)
 20cc (3)
 10cc (5)
 6cc (5)
 3cc (5)
Insulin syringes (3)
IV Start Kits
TB syringes

Drawer Three: Airway Supplies

Stylets: 14F (2)
NRB masks (2)
Surgical Lube
Oral Airways: sizes 7, 8, 9, 10
Nasal Airways: sizes 6, 7, 8, 9
Cuffed ET tubes: sizes 6, 6.5, 7, 7.5, 8
Suction handles (2)
Suction tubing 10 Fr (2)
Suction tubing 14 Fr (2)
Salem Sump tubing (1)
Syringe 60cc (1)
ETT blades (3) with light source
Colorimetric

Drawer Four: IV fluids and IV medications

IV medications (**SEE attachment 3008**)
Intralipid 500 ml (for Local Anesthetic Toxicity) (5)
Lipid Start Kit: IV start kit
 60 ml syringes (3)
 16g needles (3)
IV tubing: primary (1), secondary (2)
Luer tip valves (2)
Extension set catheter
Tourniquet (1)
Tape

Inside Doors

IV Pressure Bag
LMA's sizes 2, 2.5, 3, 4, 5
I/O needle sets 3-39kg (53)
I/O Stabilizers for 3-39kg sets (53)
I/O needle sets >40kg with stabilizers (53)
Intraosseous Drill
Flashlight and 2 extra D batteries
EKG paper
Scissors
Sterile Gloves sizes 6, 7, and 8

Drawer Five: Pediatric Emergency Kits

	Red/Pink	Purple	Yellow	White	Blue	Orange	Green
ETT	3.5	4.0	4.5	5.0	5.5	6.0	6.5
Stylet	yes	10fr	10fr	10fr	10fr	10fr	10fr
Laryngoscope Blade	Miller #1	Miller#1	Miller#2	Miller#2	Miller / Mac #2	Miller / Mac #2	Miller / Mac #3
Oral Airway	5	6	6	6	7	8	8
NG	8fr	10fr	10fr	10fr	14fr	14fr	16fr
Suction Cath	8 fr	8fr	10fr	10fr	10fr	10fr	12fr
O2 Mask	Peds NRB	Peds NRB	Peds NRB	Peds NRB	Peds NRB	Peds NRB	Peds NRB

Braselow Tape

SECTION 3000: EMERGENCY
POLICY 3008b ATTACHMENT

North Memorial Ambulatory Surgery Center
Crash cart medication list / Expiration Monitoring Form

ASC Crash Cart Medications/Supplies – ITEMS THAT EXPIRE			YEAR:	MONTH:	1	2	3	4	5	6	7	8	9	10	11	12
INITIALS (FILLED/CHECKED):																
MEDICATIONS/SUPPLIES (Drawer 1)	FORM	QTY														
adenosine 6mg/2ml	VIAL	4														
amiodarone INJ 150mg/3ml	VIAL OR AMP	10														
atropine 1mg/10ml	SYRINGE	3														
calcium chloride 1g/10ml	SYRINGE	3														
dextrose 50%, 50ml	SYRINGE	1														
EPINEPHrine 1mg/10ml (1:10,000)	SYRINGE	6														
EPINEPHrine 1mg/ml (1:1,000)	vial	10														
lidocaine 100mg/5ml	SYRINGE	2														
magnesium sulfate 1g/2ml	2 ML VIAL	2														
nitroglycerin tabs 0.4mg	1 bottle	1														
Narcan 0.4mg/ml (naloxone)	SYR OR AMP	5														
Levophed 4mg/4ml (norepinephrine)	AMPUL	7														
sodium bicarbonate 50meq/50ml (4.2g, 8.4%)	SYRINGE	2														
normal saline 0.9% flushes	SYRINGE	5														
3ml syringes	N/A	5														
Aspirin 81 mg	Bottle #36	1														
SUPPLIES w/EXPIRATIONS (Drawer 2)	FORM	QTY														
19g 1 ½' needles		5														
IV needles (18g, 20g, 22g, 24g)	N/A	5ea														
Filter needles	N/A	2														
Microclave adapters	N/A	2														

K:/ASC Policy Manual/SECT 3000 EMERGENCY/3008b Attachment Crash Cart medication list; Revised 01/02/2014 bas, Revised 12/4/14 bas; reviewed 3-19-2015 jw; Revised 4/20/15 LC; reviewed 6-2015JW; Revised 12/2015 LC; REVISED 7/19/2016JMW; reviewed 8/17 CH; revised 10/19/2017ML&JW; Reviewed 2.2019 jc/Reviewed 7/19 JC/Reviewed 6.2021 JC; Revised 4.2023 AL

SECTION 3000: EMERGENCY
POLICY 3008b ATTACHMENT

MONTH:			1	2	3	4	5	6	7	8	9	10	11	12
Needleless vial access	N/A	5												
Spinal needle	N/A	1												
25g 5/8" needles	N/A	5												
IV start kits		2												
SYRINGES THAT EXPIRE:	FORM	QTY												
20ml	N/A	3												
10ml	N/A	5												
6ml	N/A	5												
3ml	N/A	5												
insulin syringes	N/A	3												
3-way stopcock	N/A	3												
TB syringes		3												
DRAWER 3 Check lights and 3 blades	N/A	3												
Surgilube (topical emollient)	N/A	1												
Colorimetric														
Nasal Airways (24, 28, 32, 36 fr)		1												
ETT (6.0, 6.5, 7.0, 7.5, 8.0)		1												
IV MEDS (Drawer 4)	FORM	QTY												
dextrose 5% water, 100ML	BAG	1												
dextrose 5% water, 250 ML	BAG	1												
dextrose 5% ½ NS, 1000ML	BAG	1												
sodium chloride 0.9%, 1000ML	BAG	1												
lactated ringers, 1000ML	BAG	2												
Intralipid 20% IV emulsion	BAG	5												
Lipid Start Kit (Local Anesthesia Toxicity)	KIT	1												

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SECTION 3000: EMERGENCY
POLICY 3008b ATTACHMENT

MONTH:														
PEDIATRIC KITS (Drawer 5)	FORM	QTY												
Green	KIT	1												
Orange	KIT	1												
Blue	KIT	1												
White	KIT	1												
Yellow	KIT	1												
Purple	KIT	1												
Red/Pink	KIT	1												
INSIDE DOORS	FORM	QTY												
Intraosseous power driver	BOX	1												
I/O needle sets (3-39kg)	PKG	3												
I/O stabilizers (for 3-39kg sets)	BOX	43												
I/O needle sets (>40kg) with stabilizers	PKG	13												
Flashlight with 2 batteries in it (and 2 extra batteries available)	N/A	1												
LMA's: 2, 2.5, 3, 4, 5	N/A	5												
Sterile Gloves 6,7,8														
TOP OF CART	FORM	QTY												
Electrodes	1 pack	1												
Peds Pads	2 packs	2												
Adult Pads	3 packs	2												
Suction Tubing	1 pack	1												

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