Section 9 Subject 9.13 **Policy 9.13.1**	Clinical Affairs Policies General Procedures **Cardiopulmonary Resuscitation-Calling a Code 99**	06/28/91 -Originated 05/07/09 -Reviewed w changes - Reviewed w/o changes Health System - Author

Cardiopulmonary Resuscitation-Calling a Code 99

Definitions

Shock Advisory System (SAS): a medical device that can be used by any trained first responder to deliver a shock (defibrillate) to a patient. The LIFEPAK 20 uses a patented SAS whose software algorithm analyzes the patient's electrographic (EKG) rhythm and indicates whether or not it detects a shockable rhythm. The SAS is the default setting when the access door closed on the LIFEPAK 20 and requires operator interaction in order to defibrillate a patient.

Policy

Basic life support measures shall be initiated immediately for any person who experiences acute cardiopulmonary distress in one of the UTMB hospitals, clinics, or facilities unless there is an attending physician's written order on the patient order sheet to withhold CPR in the event of cardiopulmonary arrest or a valid Do-Not-Resuscitate (DNR) Order in patient's chart.

Basic life support includes the use of the LifePak 20 Shock Advisory System-AED Mode by trained first responders. The LifePak 20 advises the operator whether there is a shockable or non-shockable rhythm. The system makes it possible for individuals who are not trained to interpret ECG rhythms to provide potentially lifesaving therapy to victims of ventricular fibrillation or pulseless ventricular tachycardia.

In the event that an individual, which may include a patient, employee, or visitor, experiences cardiopulmonary distress or arrest, or any event requiring emergent medical attention, initiate the following procedure:

Note that the procedure that is followed is dependent on the location on campus.

Call the hospital operator at **Ext. 24000** to activate the UTMB Code Team in the following locations:

UTMB Hospitals, including Children's Hospital, Clinical Sciences Building, John Sealy Hospital, John Sealy Towers, John Sealy Annex, McCullough Building, R. Waverly Smith Pavilion, TDCJ Hospital (except for the ground floor Sally port & Lobby), Emergency Department building and University Hospital Clinics.

Policy, continued

Call **911 (9-911** if using a hospital phone) in the following locations: Rebecca Sealy Hospital building, Primary Care Pavilion, Jennie Sealy Hospital, TDCJ loading areas/Sally port and lobby, and UTMB non-hospital buildings. This includes temporary structures that are separated from UTMB Hospitals (eg. Cafeteria tent).

UTMB personnel at Austin Women's Hospital will adhere to the Brackenridge Hospital Code 99 policy.

Responsibility	Action
Caller	Dials operator at extension 24000. Gives operator the following information: • Precise code location (unit and building) • Caller's name and extension
Operator	Records the information and includes the date and time of the call. Activates the Code 99 paging system designating the exact location.
Respiratory Care Services (RCS) Supervisor	If code is in non-patient areas of the Towers or John Sealy Annex, RCS notifies the supply distribution technician to get code cart from Admitting Department to mobilize to code site.

Responding to Codes

The UTMB Code Team Members will carry code pagers and will respond immediately to all calls for assistance to provide resuscitation and/or life support measures in UTMB Code Team covered areas. While carrying code pagers, team members are to remain on the hospital premises at all times and are individually responsible for assuring that their code pager is functioning properly and are to answer test pages.

Critical care areas (such as Intensive Care Units, the Operating Room) may elect to handle Code 99's internally or activate the UTMB code team for additional resources at their discretion.

Code Documentation

Accurate documentation of all codes will be maintained:

- The Code Recorder will be responsible for filling out the Patient's Resuscitation Flow Sheet. This must include:

  1. When the code response was initiated, the names and times of arrival of the M.D. leader, code team and anesthesia responders,

Code Documentation continued

major diagnoses during the resuscitation effort, drug administration doses and times, and patient disposition.

2. The primary code physician will be responsible for signing the patient's resuscitation flow sheet and writing a code summary in the patient's progress notes.

3. The Patient's Resuscitation Flow Sheet will have two parts:
   - Top sheet will be placed in the medical record, immediately following the code
   - Carbon will be used by Respiratory Care Services to document charges and then given to the Education Lab for tracking NRCPR data.

Testing of Code Pagers

Each morning and each evening, the hospital operator will activate all code pagers as a functional test. In the event of a Code 99 at test time, the test will be deferred for one (1) hour.

- In order to verify pager and personnel responsiveness, each Code responder **must** immediately call the paging operator at extension 24004 and identify their pager (exception-Pastoral Care, Pharmacy and Education pager) ,
- If any required personnel fail to respond within fifteen (15) minutes, the operator will page the individual code pager of the non-responder. If there is still no response, the paging operator will contact the individual's department to notify them of the non-responder
- The individual departments will be responsible for tracking down non-responders and insuring compliance and functioning of the code pagers. If the code pager fails to function, it must be replaced immediately (see section: Pager System Down).

Pager System Down

In the event of a pager system breakdown, and there are no viable means of dispatching the code page message to the individual pagers, the hospital operator will execute the code message through the Alphamate paging system. The overhead paging system is used if the Alphamate paging system does not respond.

- Broken pagers may be exchanged in the Pager and Cellular Area of the Information Services Department (Administration Bldg, room 1.115) extensions 25782 and 25747, weekdays between 8:00 a.m. and 5:00 p.m. After hours call the Operator "O" or extension 24004.

- Spare, fresh batteries should be available intra-departmentally for

each pager and in the Information Services' area.

Code Cart

The code cart may be used to provide materials for all persons found in need of acute cardiopulmonary support.

It remains imperative, however, to maintain the integrity of the code cart. If a code cart is used without activation of the code team, it is the responsibility of the patient care area where the cart is used to call Respiratory Care Services (RCS) at extension 21635 for a replacement cart to be mobilized to the original cart location.

The code sheet must also be filled out, including who opened the cart, the patient name, and the physician directing care at the time the cart was opened. This will be returned to the Education Lab as would a regular code for tracking purposes.

The code cart is to be used in patient emergencies only. When a code cart is used within activation of the code team, RCS is responsible for mobilizing a replacement cart.

The defibrillator will be placed on the replacement cart and placed in the original cart location.

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