



Institutional Handbook of Operating Procedures
Policy 9.13.1

Section: Clinical Policies	Responsible Vice President: Executive Vice President, UTMB Health System
Subject 9.13: General Procedures	Responsible Entity: Health System

I. Title

Cardiopulmonary Resuscitation (CPR)

II. Policy

Basic life support measures will be initiated immediately (including the use of an AED) for any person who experiences acute cardiopulmonary distress in one of the UTMB hospitals, clinics, or facilities unless there is evidence of Do-Not-Resuscitate status.

III. Code Locations and Calling a Code

A. 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, based on the location on campus.

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

UTMB Hospitals, including John Sealy Hospital, Clinical Service Wing, Jennie Sealy Hospital, Research Building 6, Clinical Sciences Building, 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.

C. Call 911 (9-911 if using a hospital phone) in the following locations:

Rebecca Sealy Hospital building, Primary Care Pavilion, TDCJ loading areas/Sally port and lobby, UTMB non-hospital buildings, and other UTMB Health locations.

Responsibility	Action
Caller	Dials operator at extension 24000. Gives operator the following information: <ol style="list-style-type: none"> 1. Team requested (adult or pediatric) 2. Precise code location (unit and building) 3. Caller's name and extension
Operator	Records the information and includes the date and time of the call. Activates the Code paging system designating the exact location.
Respiratory	If code is in non-patient areas, the RCS team leader

Care Services (RCS) Supervisor	will mobilize a cart to the location.
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IV. Responding to Codes

- A. There are two code teams: Adult and Pediatric. Anesthesia and RCS respond to all codes. ICU nurse and physician response will vary by specialization.
- B. 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.
- C. Critical care areas (such as Intensive Care Units, the Operating Room) may elect to handle codes internally or activate the UTMB code team for additional resources at their discretion.

V. Family Presence

Family members may be provided the option to be present during resuscitation procedures as described in [IHOP Policy 9.13.20 Family Presence during Procedures and Resuscitation](#).

VI. Code Documentation

- A. Accurate documentation of all codes will be maintained:
 - 1. The first 2 ICU nurses to arrive at the code go to the patient’s bedside
 - 2. The third ICU nurse who arrives at the code is the documenter
 - 3. While the third ICU nurse is in transit, the COA will designate themselves, the second nurse, or another qualified healthcare provider to capture data and initiate the flowsheet
 - 4. At the conclusion of the code, the RCS supervisor will review the flowsheet to ensure it has been completed appropriately. They will request modifications and/or additions as needed.
- B. The Code Recorder will be responsible for filling out the Patient’s Resuscitation Flow Sheet. This must include:
 - 1. Times when key code activities occurred, interventions where provided, response to interventions and other pertinent information.
 - 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. A note from anesthesia in the progress notes from the code is also considered part of the code documentation.
 - 3. The Patient’s Resuscitation Flow Sheet will have two parts:
 - a) Top sheet will be placed in the medical record, immediately following the code
 - b) Carbon will be used by RCS to document charges and the Education Lab for

tracking data.

- C. In the event that a point of care glucose test is needed in urgent/ emergent circumstances, a series of digits may be entered for the account number in the point of care testing device. In this situation, the operator must document the value obtained on the appropriate medical record and notify laboratory personnel.

VII. 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 at test time, the test will be deferred for one (1) hour.

1. In order to verify pager and personnel responsiveness, each Physician, Nursing, and RCS Code responder **must** immediately call the paging operator at extension 24004 and identify their pager
2. 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
3. The individual departments will be responsible for tracking down non-responders to ensure functioning of the code pagers. If the code pager fails to function, it must be replaced immediately (see section: Pager Functionality).

VIII. Pager Functionality

- A. Spare, fresh batteries should be available intra-departmentally for each pager and in the Information Services area.
- B. Nonfunctioning pagers may be exchanged at the Pager Services Department during business hours on weekdays. After hours, contact RCS.
- C. 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.

IX. Code Cart

- A. Code carts are universal, containing supplies for both adult and pediatric patients. It may be used to provide materials for use in any patient emergency.
- B. It remains imperative to maintain the integrity of the code cart:
 1. 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 RCS for a replacement cart to be mobilized to the original cart location.
 2. When a code cart is used within activation of the code team, RCS is responsible for mobilizing a replacement cart.

3. If at any time a code cart is found unlocked, RCS should be notified immediately to replace the cart.

C. All additions, deletions, and/or revisions to the code cart contents must be reviewed and approved by the resuscitation committee.

X. Related UTMB Policies and Procedures

[IHOP 9.13.20, Family Presence during Procedures and Resuscitation](#)

[IHOP 9.13.31, Activation of the Rapid Response Team](#)

[IHOP 9.15.05, Patients Initiating Advance Directives](#)

[IHOP 9.15.06, Making and Documenting Treatment Decisions including Withholding or Withdrawing Life Sustaining Treatment](#)

[IHOP 9.15.08, Out-of-Hospital Do Not Resuscitate \(OHDNR\) Orders](#)

XI. Dates Approved or Amended

<i>Originated: 06/28/1991</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
06/20/2014	03/14/2016

XII. Contact Information

Nursing Services
(409) 772-4104