DEVELOPMENT AND IMPLEMENTATION OF A MOCK CODE BLUE

Yvonne L. Matetich, MSN, RN, PCCN
Center for Professional Development, Clinical Educator/Nurse Informaticist
Eisenhower Medical Center, Rancho Mirage, CA

BACKGROUND

• Code Blue teams identified bedside RNs inconsistencies
• “Code Blue” can produce anxiety, fear and adrenalin surges
• Bedside RNs lack basic life support skills practice
• Role confusion at bedside delays initiation of CPR
• Improper bedside CPR

PURPOSE

• To improve confidence and skill levels of nurses, nursing assistants, and residents through:
  • Mock Code Blue sessions developed by The Education Department
  • Collaborative approach
  • Instructed by Advanced Cardiovascular Life Support and Basic Life Support Instructors

EDUCATIONAL SESSION

Session Education
• Review organization’s Code Blue Policy
• Roles and responsibilities
• Review Basic Life Support
• Review Defibrillator
• Review crash cart components
• Assign roles – see attached

Mock Code Blue Role Assignments
• Team leader (Medical Resident)
• Time keeper (RNs)
• Airway (RNs & Medical Resident)
• Chest (RNs, NAs, Medical Resident)
• Defibrillator (RN & Medical Resident)
• Crash Cart (RN & Medical Resident)

Scenario
• Nursing assistant discovers the patient in a Code Blue situation
• Nursing assistant initiates Code Blue
• Assigned clinical staff implement basic life support measures & attach defibrillator pads
• Focus on high-quality CPR until the residents arrive
• Assigned Code Blue team members arrive
• Advanced Cardiovascular Life Support guidelines are followed, using expired medications

De-briefing
• At the conclusion of each scenario
• Led by Medical Resident Faculty Member & Nurse Educator

REFERENCES


RESULTS

Participant Feedback
• Utilized to improve scenarios
• “Increased my skills and confidence”
• “Practice without the stress”
• “Prepared me for the real thing”

Mock Code Blue evaluation

Special acknowledgments:
Margaret L. Beaman, PhD, RN Nurse Researcher
Richard Loftus, M.D. Associate Program Director, Internal Medicine Residency Program

CONCLUSIONS

• Monthly sessions continue with residents & nursing staff
• Integration of respiratory therapists and pharmacists planned
• Use of simulation mannequins planned to improve quality CPR
• Increases knowledge, skills & confidence among participants
• Team building among colleagues
ROLES

- **Medication Nurse**
  - Finding medications indicated for injection in the crash cart, and assisting with their administration. Put together syringes and “give” medications into trash can.
  - Assisting your physician team mate that the proper doses are given, and that those doses are communicated clearly to the rest of team
  - Helping with other equipment needed from the crash cart
  - Assist with rhythm assessment

- **Airway Nurse**
  - Assessing the status of the patient’s airway and breathing and informing the code leader
  - Obtaining and using bag-valve mask
  - Switch to distraught family member when residents arrive

- **Primary Nurse**
  - Knowing basic key history about the patient
  - Communicating those facts with the code leader and fellow code team members
  - Working with code leader to maintain clear communication and order at all times

- **Recorder**
  - Tracking the time of the beginning of the code, and what times certain intervention have occurred
  - Announce to code leader and the rest of the team how much time has elapsed since certain interventions have occurred and code time
  - This role requires you to have a stop watch or 3rd hand on your watch! You have a vocal part like the code leader

- **CPR Nurse**
  - Checking for pulses and getting defibrillator pads in correct position on a pulseless patient as fast as possible
  - Ensuring you and other chest compressors are using proper technique and **COUNTING OUT LOUD** with as few interruptions as possible
  - Making sure compression shifts rotate every 2 minutes
Eisenhower Medical Center Code Blue Debriefing Tool

1. Was the announcement on the pager clear?
   Yes  No  Comment: _________________________________________________

2. Did all members of the code team arrive at bedside quickly?
   Yes  No  Comment: _________________________________________________

3. Were roles clearly identified?
   Yes  No  Comment: _________________________________________________

4. Was there an appropriate number of staff?
   Yes  Too Many  Too Few  Comment: ______________________________________

5. Was the patient’s code status identified before the code was started?
   Yes  No  Comment: _________________________________________________

6. Items missing from crash cart?
   Yes  No  Comment: _________________________________________________

7. Was all the equipment in good working condition?
   Yes  No  Comment: _________________________________________________

8. Were there any delays? (Defibrillation, Intubation, CPR, medications, etc..)
   Yes  No  Comment: _________________________________________________

9. Were emotional issues handled effectively? (Family/staff)
   Yes  No  Comment: _________________________________________________

10. Was there another patient in the room at time of code?
    Yes  No  Comment: _________________________________________________

11. Is code sheet completed and signed by all team members?
    Yes  No  Comment: _________________________________________________

Signature: ________________________________  Date: ____________  Time: ____________

Note: This tool is best used immediately following the code event, while all code team members are still in proximity and available for active participation.

\\Fileshare1\qi documents\JANET\Code blue committee 4/22/14