



Chapter: Hospital Operations
Subject: Crash Cart Locations, Supplies and Drills

Applicability: All State Hospitals and State Operated Crisis Stabilization Programs

Revision #1 Effective Date: October 1, 2009
Revision #2 Effective Date: October 26, 2009
Scheduled Review Date: October 2011

References: Official Code of Georgia Annotated (O.C.G.A.) 31-11-53.1 and DHR Rules and Regulations 290-5-30

Approved:

David A. Sofferin, Deputy Commissioner
Division of Mental Health

Attachments:

- Attachment A – Approved List of Crash Cart Medication
- Attachment B – Approved List of Crash Cart Equipment and Supplies
- Attachment C – Cardiopulmonary Resuscitation Drill Evaluation
- Attachment D – Code Blue Event Debriefing/Critique

Date 10-2-09

Frank Shelp, M.D., MPH, Commissioner

Date 10-9-09

Crash Cart Locations, Supplies and Drills

POLICY

State Hospitals and state-operated Crisis Stabilization Programs (CSP) ensure proper response to medical emergencies (“Code Blue”) by having properly equipped crash carts that are readily accessible and by having routine drills for staff to practice proper response to medical emergencies.

DEFINITIONS

Code Blue – An emergency code designation initiated for any medical emergency in which a team of medical personnel respond to people in need of immediate medical care.

Crash Cart - A portable trolley or cart containing all equipment and drugs required for cardiopulmonary resuscitation and emergency care.

PROCEDURES

Crash Cart Medications, Supplies and Equipment

The DMHDDAD Medical Executive Committee, in consultation with State Hospital Nursing and Pharmacy leadership, reviews the list of all medications and supplies that are required and allowed for inclusion in hospital or CSP crash carts. This review ensures that all crash carts are properly equipped. The lists of approved medications and supplies are attached to this policy (**Attachment A – Approved List of Crash Cart**

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Medications and Attachment B – Approved List of Crash Cart Equipment and Supplies).

Each hospital or CSP is responsible for properly stocking their crash carts in compliance with the approved list of medications and supplies, as well as oxygen, Ambu Resuscitator bag, AED, and suction.

Equipment is checked daily by licensed nursing staff. In areas that aren't utilized, equipment is checked during every shift that consumers are present. Cart inspections are documented on a form designed by the hospital for this purpose.

Designated Pharmacy staff are responsible for stocking the emergency drug kit with the approved list of contents. Unused kits are opened and inspected by pharmacy staff at least once every 90 days. Inspections are documented on a form designed by the hospital for this purpose. Pharmacy is notified when the drug kit seal has been broken or removed. Medications used from the kit are documented in the physician's orders and the opened kit is sent to the pharmacy to be restocked and sealed.

Extra drug kits are stored for use when the pharmacy staff is not available to restock the crash carts. Hospitals may, as needed, have written instructions regarding how this task is completed.

Crash Cart Location

Each hospital and CSP has a crash cart permanently located in any area of the facility's buildings and grounds where consumers are scheduled to congregate. The proximity of the crash cart is close enough that staff can access the cart within three minutes. The crash carts are each properly locked so as to ensure that supplies and medications are safe and secure.

If possible, there should be no more than one locked door between the patient and the cart. The locked door should be master keyed for the building so that the key is available to all staff.

Code Blue Drills

Each unit within state hospitals and CSP conducts drills for Code Blue response according to the following schedule: at least one drill on each shift on each unit during each quarter of the year (January – March; April – June; July – September; October – December). The procedures for conducting Code Blue drills are specified by the hospital or CSP.

An evaluation of the drill is completed by a CPR Instructor, Physician, APRN, or RN, who is designated by the Clinical Director and Nurse Executive. The designees have demonstrated competency in order to monitor and evaluate drills, as determined by the Clinical Director and Nurse Executive. The evaluation is completed utilizing **Attachment C – Cardiopulmonary Resuscitation Drill Evaluation.**

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Data about drills are gathered and aggregated within a hospital or CSP and/or across the hospital system as part of performance improvement efforts.

Code Blue Events

Following each event, a debriefing is conducted and documented by the nurse in charge of the unit or designee utilizing **Attachment D – Code Blue Event Debriefing/Critique**; the goal of the debriefing is to identify what went well, what should be improved, and any needed changes in the Code Blue response process. Information from the debriefing is utilized to improve future response to events or drills.

CRASH CART CONTENTS

Equipment	Minimum Quantity
AED Machine with 1 razor/electrode pads	1
Clipboards with Forms – 1 CLIPBOARD, 3 copies of Policy 6802-101	3
CPR Backboard (outside of cart)	1
Oxygen Cylinder and Regulator (outside of cart)	1
Suction Machine with suction gauge	1
Supplies	
Adult Ambu Bag with Mask and Tubing (check expiration)	1
Alcohol Pads	10
Aprons (plastic)	2
CPR rescue mask w/valve, Adult (Respironics)	1
Emergency Drug Kit- SEE LIST OF REQUIRED MEDICATIONS	
Emesis Basin	1
Exam Gloves (small, medium, large) (latex and non-latex)	1 box each size
Extension Cord	1
Face Shield, disposable	2
Flashlight	1
Gowns, disposable	4
CPR Microshield Face mask	1
Nasal Cannula	1
Non-Rebreather Mask	1
Oral Airways (small & medium)	1
Oxygen Mask & Tubing with connector	1
Red Biohazard Bag	1
Bandage Scissors	1
Sphygmomanometer (Blood Pressure Cuff) Adult regular and large and Stethoscope	1
Sponges 4x4 (gauze)	10
Tape (adhesive and surgical)	1
Yankauer Suction Catheter	1
Required in areas where CHILDREN are present as patients	
Pediatric (Child) Ambu Bag with Mask (check expiration)	1
Pediatric Blood Pressure Cuff	1
Recommended, but not required items	
Adhesive bandages	16
Bandage compresses	4
Burn treatment	6
Chemical cold pack	1
Eye patch	1
Eye wash	1
Triangular and roller bandages	2

Unit _____ Lock # _____ Date Inspected _____

By: _____ Signature: _____

Next Inspection Due _____

**Attachment C:
Cardiopulmonary Resuscitation (CPR) Drill Evaluation**

Date:	Time: am/pm	Location:	
Scenario: <input type="checkbox"/> CPR <input type="checkbox"/> Choking <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Code Blue Action/Response		Yes	N/I
1. Person discovering victim: <ul style="list-style-type: none"> • Established unresponsiveness • Shouted for help! • Assessed for breathing and start CPR if needed (unless there is a DNR order) • When help arrived, told them to get the crash cart and AED 			
2. Available personnel: <ul style="list-style-type: none"> • VERBALIZED process to initiate “Code Blue” notifications below • Checked DNR status if unknown. If DNR order existed, ceased CPR and notified physician • Obtained AED, Crash Cart, and emergency equipment and immediately delivered to Code Blue site • Assisted with crowd control • Assisted per instructions of the Code Blue Leader (nurse or physician in charge of code) 			
3. Code Blue Notifications: (Attach individual hospital call pyramids)			
4. Responding staff members took active rolls in Code Blue activities			
5. First Licensed Nurse responder took Charge roll: <ul style="list-style-type: none"> • Ensured CPR being done (self performed or designated) correctly to include: airway management, adequate chest compressions (depth, rate, placement) • Ensured calls made • Established official time piece for code and someone to document/take notes 			
6. Responding nurses/staff: <ul style="list-style-type: none"> • Provided assistance with CPR, Bag/mask ventilation (Ambu) 02 and suction as needed; Crash Cart/Emergency Drug Box to scene, called physician, assigned CPR documentation, AED implementation • Assigned designee for other duties (i.e. meeting EMS, police, MD, crowd control, swap out of staff during CPR) 			
7. CPR continued without unnecessary delays or pauses until AED procedures implemented (pauses less than 10 seconds).			
8. Certified staff implemented AED immediately upon its arrival to the scene. If the victim was unresponsive and breathless, nurses checked for presence of pulse. AED arrived in 3-5 min. of announcement and implementation within 90 seconds of arrival.			

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**Attachment D:
Code Blue Event Debriefing/Critique**

Event Date: ___ / ___ / ___ **Debrief/Critique Date:** ___ / ___ / ___ **Location:** _____

Name: _____ **DOB:** _____ **Age:** _____ **M** ___ **F** ___

Admission Date: _____ **Chart Number:** _____

TIME LAPSE INTERVAL TABLE		
TIME EVENT WITNESSED		
TIME CLIENT FOUND		
ISSUES MONITORED	TIME	TIME LAPSE
CRASH CART ARRIVED		
CPR IMPLEMENTED		
AED IMPLEMENTED		
CODE BLUE ANNOUNCED		
EMS NOTIFIED		
SECURITY/POLICE OFFICERS NOTIFIED		
PHYSICIAN / APRN NOTIFIED		
EMS ARRIVED		
PHYSICIAN / APRN ARRIVED		
VICTIM TRANSPORTED TO:		
Hospital/Funeral Home/Other _____		

VICTIM OUTCOME: REVIVED ___ EXPIRED ___

Opportunities for Improvement: _____

Debriefing Questions:

1. Were there any issues or problems encountered during the Code Blue Event?

Opportunities for improvement identified?

2. Were there any equipment or supply problems?

CRITIQUE SUMMARY:

Code Blue Debrief/Critique Participants

Name	Title	Name	Title	Title

Code Blue Debrief/Critique Monitor: _____ **Date:** _____