

CENTRAL STATE HOSPITAL
PROTOCOL

SUBJECT: **CARDIOPULMONARY RESUSCITATION CODE BLUE**

ANNUAL REVIEW MONTH: August

RESPONSIBLE FOR REVIEW: Chief Nurse Executive

LAST REVISION DATE: October 2009

The purpose of this protocol is to provide guidelines to ensure that professionally licensed staff and direct care staff are trained and competent to respond to cardiopulmonary emergencies and provide Cardiopulmonary Resuscitation (CPR). American Heart Association guidelines and courses are the recognized standards.

Related Department of Behavioral Health and Developmental Disabilities (DBHDD) Policies:

- 03-202, Crash Cart Locations, Supplies, and Drills, Oct 2009
 - 6802-102, CPR/AED and First Aid, July 2009
 - 6802-201, Emergency Code Designations for Hospitals, July 2008
-
-

Participants:

Service Chief
Service Clinical Director
Service Nurse Executive
Trained Staff
Director, SD&T Development and Training
(SD&T) Department
Performance Improvement Staff/Designee
Police Department

Service Chief

1. Ensure all direct care staff are trained and certified in the recommended American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) Course.
2. Establish routine Code Blue Drill practices, per Service Area, to include one drill per shift, per building, per quarter, to be conducted by a certified CPR instructor.
3. Ensure staff compliance with Respiratory and/or Cardiac Arrest Code Blue protocol during both actual and/or drill codes.
4. Ensure each drill evaluation is reviewed and recommendations for improvements are implemented.
5. Ensure scheduling of staff for certification or re-certification training, as recommended by AHA, and per CSH training calendar.

Service Area Nurse Executive/designee

1. Ensure routine checks/maintenance for Emergency Equipment and Crash Cart are conducted and documented.
2. Ensure that there is a current list identifying the locations of all crash carts and/emergency equipment, to include expiration dates of any contents. Current lists are maintained and available upon request.

CPR Certified Staff Members

1. Respond to practice drills and actual codes according to CSH Respiratory and/or Cardiac Arrest Procedures (Attachment I) and participate as needed and/or assigned.
2. Participate in actual code events as assigned by charge nurse or shift supervisor.

Director, Staff Development and Training Department

1. Provide appropriate CPR courses for service and support areas.
 - Basic Life Support for Healthcare Providers (BLS) for all licensed medical staff, to include doctors, nurses, radiology personnel, dental service personnel, respiratory services, occupational therapists, physical therapists, and any other identified staff
 - HeartSaver AED plus First Aid for all direct care staff, activity therapy staff, transportation drivers who accompany clients, and other designated staff as appropriate.
 - HeartSaver CPR for Adults for other support service areas, such as maintenance, housekeeping, food service, etc.
2. Ensure CPR courses include instruction specific to CSH protocol and DBHDD policy requirements
3. Maintain an up-to-date roster of all staff trained in CPR.
4. Offer CPR and AED Instructor Courses as needed by hospital.

Chief, Police Department

Ensures that all Police Department personnel are:

- familiar with this protocol
- have current CPR certification
- respond to Code Blue events
- assist Ambulance with location of code/directions, etc

MONITORING: Evaluation of Code Blue Drills:

Code Blue Drill Monitor Instructor (CPR Instructor)

1. Conduct Code Blue drills, at a minimum of one drill per shift, per building, per quarter. An 'actual' Code Blue event may substitute for practice drills in the area in which it occurred.
2. Evaluate the Code Drill based on responder's performance as outlined in criteria listed in CSH Code Blue Procedure (Attachment I) and Code Blue Drill Evaluation (Attachment III).
3. Provide corrective interventions/instruction/demonstration and or prompting during the drill as needed to ensure correct practice is maintained.
4. Ensure Cardiopulmonary Resuscitation Report, CSH 282, (Attachment II) is completed by unit/charge nurse and retained by the instructor.
5. Complete evaluation forms for each drill conducted.
6. The Drill Instructor will complete the Code Blue Drill Report monthly and submit a copy to the CSH IAT Client Safety designee, Service Nurse Executive, and Service Clinical Director. All Code drill forms and Code Blue Drill Reports will be maintained by the Instructor for three (3) years.

Service Area Nurse Executive and Clinical Director

1. Review all Cardiopulmonary Resuscitation Drill Reports (Attachment V), make comments or recommendations and sign. Make recommendations, if appropriate, and refer back to Drill Instructor. Ensure reports and corrective plans of actions are conducted, completed and outcomes or status of actions are reported on the final evaluations.
2. Review any specific aspects of Drills with subordinate staff as needed.
3. Identified Drill system problems and/or trends are reported to Medical Executive Committee and Nurse Executive PI committee by the Chief Nurse Executive/designee.

Evaluation of Actual Code Blue Events:

Unit/Charge Nurse of Actual Code Blue Victim

1. Assigned nurse completes documentation on CSH #282, CPR Report prior to leaving work site or by the end of the shift.
2. The original CPR report, CSH #282, is completed and either 1) entered into the client chart which remains on the unit for all successful codes, 2) is provided for inclusion into the client chart prior to the chart being secured by Police, or 3) if unable to complete before the chart is removed from the unit by Police, complete the form prior to leaving the unit, hand carry it to medical records immediately following completion of the form, or provide the Police a copy if after normal work hours. A copy is forwarded to the Service Nurse Executive and then faxed to the Chief Nurse Executive Office, fax #478-445-0539.

Service Area Nurse Executive/designee

1. Upon notification of actual Code Blue Event schedules a Code Blue debriefing to ideally be held within the same shift as the code, but not later than within five (5) work days after the code blue. The debriefing is coordinated and conducted by the Debriefing Instructor. The Debriefing Instructor shall be a CSH nurse administrator.
2. The Nurse Executive/designee notifies the actual Code Blue responders/participants of time and place of the debriefing. (This group includes but is not limited to the staff who participated in the Code Blue Event and the nurse manager/designee).
3. If AED procedures were implemented during the Code Event ensure that data is downloaded, the original AED report is placed in the client's medical record and a copy forwarded to the Chief Nurse Executive's Office/designee for review. Ensure AED post-use procedures are completed and all emergency equipment and supplies are replaced appropriately.

Code Blue Debriefing/Critique Report

1. The Nurse Administrator conducts Code Blue debriefings (with the participating code members) as soon as possible or within five (5) working days of actual Code Blue. Included are all appropriate staff to include those staff that witnessed the event, discovered the victim, those initiated treatment and any other participants. Discuss any issues for opportunities for improvement identified and develop potential strategies for improvement.
2. The nurse administrator completes the Code Blue Event Debriefing/Critique Report (Attachment VI) and the Code Report Summary (Attachment V) with opportunities for improvement outlined. During the Code Blue Debriefing the team reviews data and trends, identifies opportunities for improvement, and recommends opportunities for improvement strategies.
3. The nurse administrator ensures that the Zoll AED is downloaded, returned to the crash cart, and ready for use. Ensures that the printed download is placed with other documents for review.
4. The service nurse executive/designee ensures that the opportunities or improvement and strategies are assessed, and all plans of correction are implemented and completed.
5. The original Code Blue Debriefing/Critique report is maintained by the nurse administrator. The nurse administrator forwards copies to the chief nurse executive and service nurse executives.
6. The chief nurse exec/IAT safety representative prepares an analysis of code blues, identifies trends, and reports findings during the regularly scheduled Medical Executive Committee meeting and the Nurse Executive Committee PI.

Nursing Performance Improvement Staff/designee

1. Input data into spreadsheet from Code Blue Event Debriefing/Critique Report.
2. Review data and opportunities for improvement from service analysis of Code Blue and identify trends as well as hospital-wide opportunities for improvement.
3. Prepare NPI analysis and present report to Nursing PI Committee and Safety Committee.
4. Ensure that an accurate listing of the location of AEDs is maintained and provided to the Safety Committee.

Approved:

This policy has been approved by the CEO and CMO in October 2009.

Attachments:

Attachment I--Code Blue Procedure

Attachment II--CPR Report, CSH Form 282/with instructions for completing

Attachment III--Cardiopulmonary Resuscitation Drill Evaluation. See DBHDD Policy # 03-202 (replaces #6802-101), Crash Cart Locations, Supplies, and Drills, Oct 1, 2009. Attached is DBHDD, Att C, with CSH notification procedure.

Attachment IV--Deleted

Attachment V--Monthly CRP Drill/CPR Report

Attachment VI Code Blue Debrief/Critiques. See DBHDD Policy # 03-202 (replaces #6802-101), Crash Cart Locations, Supplies, and Drills, Oct 1, 2009. This form to be used to critique drills as well as Code Blue events.

Central State Hospital
**Respiratory and/or Cardiac Arrest
Code Blue Procedure**

Definition: Immediate medical attention is needed for a person who is not breathing and/or does not have a pulse; or has a serious condition which could rapidly progress to cessation of breathing and/or pulse.

Signs and Symptoms: Unresponsiveness
Absence of respirations and/or heartbeat

I. PROCEDURE:

Person discovering victim:

1. Establish unresponsiveness.
2. Shout for help!
3. Access for breathing and Start CPR if needed unless there is a (Do Not Resuscitate Order) DNR order.
4. When help arrives, tell them to get the crash cart and AED

Available Personnel:

1. Initiate "Code Blue" notifications below
2. Check DNR status if unknown, If DNR order exists, cease CPR and notify physician
3. Obtain AED, Crash Cart, and emergency equipment and immediately deliver to Code Blue site
4. Assist with crowd control
5. Assist per instructions of Code Blue Leader: nurse or physician in charge of code

NOTIFICATION PROCESS FOR CODE BLUE

Powell and DDS Buildings:

Staff:

1. Dial #24, announce "code blue in (state location) _____" three (3) times.
2. Call 911# for Ambulance Service, give location, state 'Code Blue'
3. Call CSH Police, ext 4169, state 'Code Blue' and give location
4. Call/page the physician

Police:

Notify the Campus Nurse Administrator on duty , Assist Ambulance, etc

DDS Houses

Staff:

1. Call 911# for Ambulance Service, give location, state 'Code Blue'
2. Page DDS House Nurse
3. Call Police, ext 4169, state 'Code Blue' and give location
4. Call/page the physician

Police:

Notify the Campus Nurse Administrator on duty

Cook Building

Staff:

1. Call the Control Room #7921 or #7922, tell them there is a 'Code Blue' and the location .
2. Call 911# for Ambulance Service, state 'Code Blue', give location
3. Call CSH Police, ext 4169, state 'Code Blue' (state location) three (3) times
4. Call/page the physician

Control Room

Announce over Cook PA system "code blue in (state location) _____" three (3) times.

Police:

Notify the Campus Nurse Administrator on duty, Assist ambulance, etc

Other Campus Locations

Staff:

1. Call 911# for Ambulance Service, give location, state 'Code Blue'
2. If your area has an overhead paging system, use it per internal procedure and announce "code blue in (state location) _____" three (3) times.
3. Call CSH Police, ext 4169, state 'Code Blue' and give location
4. Call the nearest inpatient area and request physician assistance.
5. Call the nearest inpatient area and request the mobile crash cart

Police:

1. Notify the Campus Nurse Administrator on duty
2. Notify the admissions office and request mobile crash cart be taken to site
3. Respond to area with AED

Code Blue leader: Must be a licensed nurse/medical staff

1. Assumes charge of the scene.
2. Ensures proper basic life support/cardiopulmonary resuscitation (CPR) procedures are being performed. (per AHA guidelines)
3. Ensures necessary equipment is on the scene and is being properly implemented:
 1. Automated External Defibrillator (AED)
 2. Crash Cart
 3. Oxygen/Ambu Bag
 4. Emergency drug kit
 5. Suction machine
 6. Rebreathing mask at 10-15 L/min or Nasal Cannula at 6L/min
4. Assigns personnel as appropriate:
 1. To ensure cardiac arrest is managed by appropriate staff trained and competent to recognize the need for and use of resuscitative equipment.
 2. To ensure medications are administered properly, if ordered;
 3. To ensure that one (1) staff member serves as the event recorder and completes appropriate documentation (CPR Report and Progress note in the medical record). This person shall choose the official time piece;

4. To ensure additional staff are obtained, if needed, or excessive staff are dispersed from the scene.

**III. Continuation of Code
Blue Procedures:**

Continue until:

1. Signs of life are indicated or there is a return of spontaneous pulse and/or respirations;
2. The victim is pronounced dead by a physician;
3. EMS arrives and assumes charge of the Code Blue

IV. Role of Police

1. If the victim is pronounced, the CSH Police immediately secure the medical record, the scene, and notify the coroner.
2. Assist Ambulance with directions to location of Code

Instructions for Completing Cardiopulmonary Resuscitation Report (CSH 282)

The recorder has a very serious responsibility during the code blue event. It is important that the recorder not assume or be assigned additional responsibilities, if at all possible. The recorder's only responsibility during the code blue event is to record actions taken during the code. It is important that the times/actions documented on this report are accurate. The same time piece should be consistently used throughout the event.

1. **Event Date:** Enter the date the Code Blue occurred.
2. **Location of Event:** Indicate the actual place the Code occurred. Be specific, i.e. "Hopeway center section", "Hopeway back hall", "Boland 6 South Coffee House".
3. **Living Unit:** Indicate the unit the client is assigned to or resides on.
4. **Name:** List the client's name as it appears on his addressograph
5. **Chart Number:** This is the client's avatar number. The number on the client's addressograph on the line below his/her name.
6. **Event Witnessed:** Was the event witnessed? If yes, check the "Yes" box on the form. If the event was not witnessed, check the "No" box on the form.

Enter the time of the event. Be sure to circle "a.m." if the event happened in the morning or "p.m." if the event happened in the afternoon or at night.
7. **Client Found:** If the event was not witnessed but the client was "found" or discovered to be unresponsive, indicate:
 - The time of the discovery.
 - Where the client was discovered.
 - Who discovered the client? (Be sure to list the discoverer's name and title).
8. **Status:** Once the victim has been assessed, indicate what was going on with the victim at the time he/she was found.
 - Was the victim conscious?
 - Was the victim unconscious?
 - Was the victim breathing?
 - Was the victim not breathing?
 - Did the victim have a pulse?
 - Was the victim without a pulse?

Check all the boxes that apply.
9. **Code Called:** Indicate the time the code was paged over the PA system. Be sure to circle "a.m." or "p.m.".
10. **Code Leader:** Indicate the name of the staff that was in charge of the scene. Sometimes this person will be assigned; at other times, this person will emerge and provide direction to persons responding to the Code Blue. Be specific, list the person's name and work title.
11. **CPR Started:** Was the airway cleared? If so, indicate the time the airway was cleared. Who cleared the airway? Be sure list staff's name and title. Were chest compressions initiated? If so, indicate the time compressions were initiated. Who initiated chest compressions? Be

sure to list the staff member's name and title.

Was mouth-to-mouth breathing with the use of a micro-shield initiated? If so, indicate the time mouth-to-mouth breathing was initiated. Be sure to list the staff's name and title and the time mouth-to-mouth breathing was initiated.

12. **Crash Cart Arrived:** Indicate the time the Crash Cart(s) arrived on the scene and who brought the Crash Cart(s) to the scene. Be sure to list the staff's name and title and indicate the time the cart arrived at the scene.
13. **AED Applied:** Was the AED used? If so, indicate the time the AED was applied. List the name of the staff applying the AED. Be sure to include the staff's title and specify "a.m." or "p.m.".
14. **Oxygen Applied:** Was O2 administered? If so, who administered the O2? Be sure to include the staff's title and specify "a.m." or "p.m.".

Was the O2 administered using an Ambu-bag? If yes, check that box.

Was there return of spontaneous circulation and breathing? If so, check that box and indicate the time the return of spontaneous circulation and breathing was noted.

Once the return of spontaneous circulation and breathing occurred, was O2 delivered by nasal cannula or a non-rebreather mask? Check the box that applies.
15. **Notification:** Indicate the time individuals/agencies listed were called and the name of the staff making the calls. Indicate the times the individuals/agencies notified arrived at the scene.
16. **Sequence of Events:** Write a concise description of actions taken during the event and the victim's response or lack of response to the actions taken. Be sure to indicate what time each action took place.
17. **Recording Nurse Signature:** Once you have completed documentation on the form, sign and date it. Be sure to include your title.
18. **Outcome:** Check the box that describes the outcome of the Code Blue and indicate the time.
 - Was the victim revived? If so, what time was he revived?
 - Did the victim expire? If so, what time was he/she pronounced?
 - Was the victim transported to the hospital, funeral home, or other? Indicate the time of the transport.
19. **Physician/ARPN Signature:** Print the Physician's name that was present during the code and have he/she sign.
20. **Code Attendance Roster and Duties:** This section should include the names and titles of all staff who participated in the Code Blue. The names should be listed in the first column; and the individual's title and duty performed during the event, should be listed in the 2nd column.

Cardiopulmonary Resuscitation Report

Event Date: ____/____/____ Location of Event _____ Living Area _____
 Name: _____ Chart Number: _____

***Recorder to be timekeeper and use consistent timepiece throughout event.

Event Witnessed <input type="checkbox"/> YES <input type="checkbox"/> NO ____am/pm If Yes, by whom: _____ Client Found: ____am/pm Location: _____ By whom: _____ Status: <input type="checkbox"/> Conscious <input type="checkbox"/> Breathing <input type="checkbox"/> Pulse <input type="checkbox"/> Unconscious <input type="checkbox"/> Not Breathing <input type="checkbox"/> No Pulse ***** <input type="checkbox"/> Choking <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Seizures <input type="checkbox"/> Cardiopulmonary Arrest <input type="checkbox"/> Other _____ Code Called: ____am/pm By whom: _____ Code Leader: _____ Recording Nurse: _____	CPR Started: <input type="checkbox"/> Airway Cleared: ____am/pm By whom: _____ <input type="checkbox"/> Compressions: ____am/pm By whom: _____ <input type="checkbox"/> Mouth to mouth/microshield: ____am/pm By whom: _____ Crash cart arrived: ____am/pm By whom: _____ AED Applied: ____am/pm By whom: _____ Oxygen Applied: By whom: _____ <input type="checkbox"/> With Ambu bag: ____am/pm <input type="checkbox"/> With Return of Spontaneous Circulation: ____am/pm <input type="checkbox"/> Nasal cannula @ 6 L/min <input type="checkbox"/> Nonrebreather mask @10-15 L/min
--	---

<u>Notifications:</u>	<u>Time Called</u>	<u>Name of Person Making the Call</u>	<u>Time Arrived</u>
911# called:	____am/pm, by:	_____	____am/pm
CSH Police notified:	____am/pm, by:	_____	____am/pm
Announced in bldg:	____am/pm, by:	_____	____am/pm
Doctor/APRN notified:	____am/pm, by:	_____	____am/pm

<u>TIME</u>	<u>Sequence of Events</u>	<u>(include ALL EVENTS, meds, AED shocks, client response, etc)</u>

Stamp Plate

Department of Behavioral Health and Developmental Disabilities (DBHDD)

Policy: Crash Cart Locations, Supplies, and Drills

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

Date:	Time:	am/pm	Location:	
Scenario:	CPR	Choking	Adult Child	
Code Blue Action/Response			Yes	N/I
<p>1. Person discovering victim:</p> <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 				
<p>2. Available personnel:</p> <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) 				
<p>3. Code Blue Notifications:</p> <p>Powell and DDS Buildings:</p> <p>Staff: 1. Dial #24, announce "code blue in (state location) _____" three (3) times. 2. Call 911# for Ambulance Service, give location, state 'Code Blue' 3. Call CSH Police, ext 4169, state 'Code Blue' and give location 4. Call/page the physician</p> <p>Police: Notify the Nurse Administrator, Assist Ambulance with location, etc.</p> <p>DDS Houses</p> <p>Staff: 1. Call 911# for Ambulance Service, give location, state 'Code Blue' 2. Page DDS House Nurse 3. Call Police, ext 4169, state 'Code Blue' and give location 4. Call/page the physician</p> <p>Police: Notify the Nurse Administrator, Assist Ambulance with location, etc.</p> <p>Cook Building</p> <p>Staff: 1. Call the Control Room #7921/#7922, announce 'Code Blue' And state the location. 2. Call 911# for Ambulance Service, state 'Code Blue', give location 3. Call CSH Police, ext 4169, state 'Code Blue in (state location) _____' three (3) times. 4. Call/page the physician</p> <p>Control Room: Announce over Cook PA system "code blue in (state location) _____" three (3) times. Police: Notify the Nurse Administrator, Assist Ambulance with location, etc.</p> <p>Other Campus Locations</p> <p>Staff: 1. Call 911# for Ambulance Service, give location, state 'Code Blue' 2. If your area has an overhead paging system, use it per internal procedure and announce "code blue in (state location) _____" three (3) times. 3. Call CSH Police, ext 4169, state 'Code Blue' and give location 4. Call the nearest inpatient area and request physician assistance.</p> <p>Police: 1. Notify the Campus Nurse Administrator on duty 2. Notify the admissions office and request mobile crash cart be taken to site 3. Respond to area with AED</p>				

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) O2 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.		
9. Followed AED prompts as indicated.		
10. On initial assessment if the victim is found to be choking: <ul style="list-style-type: none"> Staff made Code Blue calls (refer #3) Provided abdominal thrusts 		
11. If choking victim became unconscious, were appropriate actions taken? <ul style="list-style-type: none"> Checked victim's mouth, removed any visible objects Started CPR until airway is cleared or EMS arrives 		
12. If victim returns to spontaneous circulation apply either of the following: <ul style="list-style-type: none"> Non Rebreather mask at 10-15 L/min Nasal cannula at 6 L/min 		
13. Staff assisted EMS as directed. (Verbalized only)		
14. Number of staff present: MD/APRN _____ RN _____ LPN _____ Other CPR certified staff _____		
15. CPR policy/procedure reviewed.		
16. Demonstrations done.		

TIME INTERVAL	OBSERVATION/COMMENTS
Victim found to Announcement _____	
Victim found to start of CPR _____	
Victim found to first shock _____	
Victim found to nurse arrival _____	
Victim found to MD arrival _____	
Victim found to EMS arrival _____	

PRINT, Code Blue Drill Instructor/CPR Instructor

SIGNATURE, Code Blue Drill Instructor/CPR Instructor

Date

Comments:

**Central State Hospital
Monthly Cardiopulmonary Resuscitation Drill/Code Report**

Service: _____

Number of Drills: _____

Month/Year: _____

Actual Codes: _____

Total: _____

Date	Time	location	Drill or Code	Choking or CPR	Opportunities for Improvement	Action Plan	Responsible Person	Target Date	Status (include resolution dates)

Nurse Executive Signature and Date _____

Clinical Director Signature and Date _____

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?

Opportunities for Improvement Identified?

CRITIQUE SUMMARY:

Code Blue Debrief/Critique Participants

Name	Title	Name	Title

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

CENTRAL STATE HOSPITAL
PROTOCOL

SUBJECT: **MAINTENANCE AND CONTROL OF EMERGENCY DRUG KITS AND
CRASH CARTS**

ANNUAL REVIEW MONTH: August

RESPONSIBLE FOR REVIEW: Chief Nurse Executive (CSH)

LAST REVISION DATE: October 2009

This protocol provides guidelines to ensure Emergency Drug Kits and Crash Carts are readily available, appropriately stocked, and operational in the event of a medical emergency, thus providing a safe and therapeutic environment for clients.

Participants: Pharmacy Services
Service Clinical Director
Service Nurse Executive
Trained Staff
Nurse Administrators

Location and Security

Emergency Drug Kits and Crash Carts are strategically located throughout the campus. All Emergency Drug Kits and Crash Carts will be secured with a numbered plastic twist-off lock to assure the integrity of the contents is maintained. Control of emergency Drug Kits locks will be under the supervision of the Service Pharmacist. Control of Crash Cart locks will be under the supervision of the Service Nurse Executive (NE) or a designated staff member. Emergency Drug Kits and Crash Carts are stocked in accordance with the guidelines established and approved by the Division Medical Executive Committee and Pharmacy and Therapeutics Committee.

Emergency Drug Kits

The Emergency Drug Kit contains emergency drugs used during a Code Blue or other medical emergency. (Attachment B)

The Emergency Drug Kits are stocked by the Pharmacy and distributed to crash cart locations. They are secured inside the crash cart with a numbered plastic twist-off lock assuring the integrity of the contents.

The earliest expiration date of the drugs is noted on the outside of the kit and on the outside of the Crash Cart. Prior to the expiration date of the drugs, the kit will be returned to the pharmacy for replenishment and a new Emergency Drug Kit will be obtained for use in the crash carts.

Crash Carts

The Crash Cart contains supplies used during a Code blue or other medical emergency situation. (Attachment C).

- The Crash Carts are under supervision of the Service Nurse Executives or other designated staff member.
- The date of the earliest expiration date of medical supplies will be noted on the outside of the cart (if applicable). These supplies are placed individually in designated drawers when replaced.
- Prior to the expiration date of supplies new supplies are to be obtained from procurement. Some replacements may be obtained after hours from the campus nurse administrators.
- A new lock for the cart will be obtained from the Service Nurse Executive or the designated staff member.
- There are extra crash cart contents available in each Service area. Additionally, some crash cart contents are stored in the nurse administrator's office if needed after normal working hours and holidays.

Inspection of Emergency Drug Kits and Crash Carts

- At the change of each shift staff should inspect the Crash Cart located in their areas to assure that locks are intact. In clinic areas or other areas closed after normal working hours, Crash Carts are checked once per day during normal work days.
- Emergency Drug Kits are contained and locked inside the crash cart. The pharmacy inspects and monitors the drugs for expiration dates.
- Check previous lock numbers and ensure that no drugs or supplies are out of date. If the lock on the crash cart is broken, complete a total inventory of the cart, replace used/expired items and replace lock. Check the Emergency Drug Kit. If the Emergency Drug Kit lock is broken or the Emergency Drug Kit has been removed or compromised, call the pharmacist on duty to report that the drug kit has been opened or removed. Notify the pharmacy, and return the Drug Kit to the pharmacy for replacement during normal work hours. If the Emergency Drug Kit has been opened and needs to be replaced on weekends, after hours, holidays, etc, there are extra replacement drug kits located in the nurse administrator's office.
If the locks are not intact or supplies are in need of replacing follow above procedures for corrective action.
- Ensure that the AED and electrode pads are on the cart.
- Check and record the oxygen psi (pounds per square inch) every night on 11-7 shift. The tank should be changed if it reads 500 psi or less.
Note: If a tank needs to be replaced, one of the extra tanks in the building should be

used

(Each building will have access to replacement tanks). Replacement tanks are obtained from Respiratory Services, which have tanks delivered directly to them from contracted company. Additional tanks may also be obtained from the campus nurse administrator after hours, weekends, and holidays.

- Check the suction machine every night. If the suction machine is battery operated unplug and run for 15 minutes every Wednesday night. For all types of suction check for vacuum. Vacuum check: Make sure that the regulator is pushed in to the high vacuum position. If the units stops or slows during the testing time, notify the nurse manager/designee who will report the malfunction to the biomedical engineer.
- Documentation will be completed on the Emergency Drug Kit and Crash Cart Inspection Check form (Attachment F)

Attachments:

- 5.20B Attachment A--Deleted
- 5.20B Attachment B--Emergency Drug Kit Contents for Crash Carts. See DBHDD Policy # 03-202 (replaces #6802-101), Crash Cart Locations, Supplies, and Drills, Oct 1, 2009.
- 5.20B Attachment C--Crash Cart Contents See DBHDD Policy # 03-202 (replaces #6802-101), Crash Cart Locations, Supplies, and Drills, Oct 1, 2009, for original checklist.
- 5.20B Att C—CSH Crash Cart Contents (4 drawer).
- 5.20B Att C—CSH Crash Cart Contents (5 drawer)
- 5.20B Att C—CSH Crash Cart Contents (6 drawer)
- 5.20B Att D--Deleted
- 5.20B Att E--Deleted
- 5.20B Att F--Crash Cart Check List (client areas)
- 5.20B Att G—Crash Cart Check List (non-client area)

Central State Hospital
Emergency Drug Kit Contents

Generic Name	Ref. Name	Strength	Dispensed Size	Quantity	Expiration Dates
Aspirin	Aspirin	325 mg	100 tablets	1	
Diphenhydramine	Benadryl	50 mg/ml	1 ml syringe	2	
Epinephrine	Adrenalin	0.3 mg	0.3 mg auto-injector	2	
Liquid Glucose	Insta-Glucose	30 Gm	1 tube	2	
Naloxone	Narcan	1 mg/ml	2 ml syringe	2	
Nitroglycerine	NitroQuick	0.4 mg	25 tablets	1	

Unit _____

Lock # _____

Date Inspected _____

By: _____

Next Inspection Due _____

Next Drug Exp Date _____

CRASH CART – 4 Drawer

	#
TOP OF CART	
AED Machine with 1 razor/electrode pads	1
Oxytote Oxygen tank	1
Suction Machine with suction gauge	1
Clipboards with Forms 1 CLIPBOARD, 3 copies of CSH 282	3
Microshield	1
Adult Ambu Bag with Mask and Tubing (check expiration)	
Pediatric Ambu Bag with Mask (check expiration) Where children are present as clients/patients	1
Backboard—attached to crash cart	1
DRAWER #1	
Blood Pressure Cuffs/Stethoscope (peds/adult/large adult)	1
DRAWER #2	
Sponges 4x4	10
Alcohol Pads	10
Tape	1
Scissors	1
DRAWER #3	
Oral Airways (small & medium)	1
O2 Mask & Tubing	1
Nasal Cannula	1
Non-Rebreather Mask	1
Yankauer Suction Catheter	1
DRAWER #4	
Exam Gloves (small, medium, large)	1
Flashlight	1
PPE(barrier bag—disposable gowns)	2
Red Bio Bag	1
Extension Cord	1
Emesis Basin	1
Emergency Drug Kit	1

CRASH CART-5 Drawer

		#
TOP OF CART		
AED Machine with 1 razor/electrode pads		1
Oxytote Oxygen tank		1
Suction Machine with suction gauge		1
Clipboards with Forms 1 CLIPBOARD, 3 copies of CSH 282		3
Microshield		1
Adult Ambu Bag with Mask and Tubing (check expiration)		1
Pediatric (Child) Ambu Bag with Mask (check expiration) Where children are present as clients.		1
Backboard—attached to crash cart		1
DRAWER #1		
Blood Pressure Cuff/Stethoscope (peds/adult/large adult)		1
Pediatric Cuff (Craig 1, Admissions, C&A, Dental, Radiology)		1
DRAWER #2		
Sponges 4x4		10
Alcohol Pads		10
Tape		1
Scissors		1
DRAWER #3		
Oral Airways (small & medium)		1
O2 Mask & Tubing		1
Nasal Cannula		1
Non-Rebreather Mask		1
Yankauer Suction Catheter		1
DRAWER #5		
Exam Gloves (small, medium, large)		1
Flashlight		1
PPE (barrier bag—disposable gowns)		2
Red Bio Bag		1
Extension Cord		1
Emesis Basin		1
Emergency Drug Kit		1

CRASH CART-6 Drawer

	#
TOP OF CART	
AED Machine with 1 razor/electrode pads	1
Oxytote Oxygen tank	1
Suction Machine with suction gauge	1
Clipboards with Forms 1 CLIPBOARD, 3 copies of CSH 282	3
Microshield	1
Adult Ambu Bag with Mask and Tubing (check expiration)	1
Pediatric (Child) Ambu Bag with Mask (check expiration) Where children are present as clients.	1
Backboard—attached to crash cart	1
DRAWER #1	
Blood Pressure Cuff/Stethoscope (peds/adult/large adult)	1
DRAWER #2	
Sponges 4x4	10
Alcohol Pads	10
Tape	1
Scissors	1
DRAWER #3	
Oral Airways (small & medium)	1
O2 Mask & Tubing	1
Nasal Cannula	1
Non-Rebreather Mask	1
Yankauer Suction Catheter	1
DRAWER #5	
Exam Gloves (small, medium, large)	1
Flashlight	1
PPE (barrier bag—disposable gowns)	2
Red Bio Bag	1
Extension Cord	1
Emesis Basin	1
DRAWER #6	
Emergency Drug Kit	1

Emergency Drug Kit and Crash Cart Inspection Check

Unit: _____ Month: _____

NOTE: Documentation on this sheet indicates that inspection of the following has been completed every shift in consumer living areas and every day (on normally scheduled work days) in non consumer living areas.

ALL SHIFTS: must complete and document the following:

Check locks for security and verification of numbers, check tubing (suction and O2) is in place

DAY SHIFT: Check expiration for AED pads, check for green check (√) light on Zoll.

NIGHT SHIFT (11-7): all of the above, plus perform daily suction machine check and record the O2 psi

WEDNESDAY NIGHT: perform the 15 min suction machine check.

Day	Crash Cart Lock #			Green check (√) light appears on Zolls. Electrodes connected			Document O2 PSI-- EVERY NIGHT 11-7	Suction--Turn on & test vacuum daily on 11-7. For battery operated, run for 15 min every Wednesday 11-7 shift		Drug kit expiration dates checked on form			COMMENTS
	Lock #	7-3	3-11	11-7	7-3	3-11	11-7	Daily 11-7	Wed 11-7	7-3	3-11	11-7	
1							psi						
2							psi						
3							psi						
4							psi						
5							psi						
6							psi						
7							psi						
8							psi						
9							psi						
10							psi						
11							psi						
12							psi						
13							psi						
14							psi						
15							psi						
16							psi						
17							psi						
18							psi						
19							psi						
20							psi						
21							psi						
22							psi						
23							psi						
24							psi						
25							psi						
26							psi						
27							psi						
28							psi						
29							psi						
30							psi						
31							psi						

ADULT AED Pads expiration date(s) _____ PEDS AED Pads expiration date(s), if applicable: _____

Ambu Bag expiration date: _____

Signature

**Emergency Drug Kit and
Crash Cart Inspection Check Protocol**

If the lock on the crash cart is broken: 1) complete a total inventory of the cart, 2) replace used/expired items and replace lock, 3) check the Emergency Drug Kit. If the Emergency Drug Kit lock has been broken, or the Emergency Drug Kit has been removed, notify the pharmacy, and return the Drug Kit to the pharmacy for replacement during normal work hours. If the Emergency Drug Kit has been opened and needs to be replaced on weekends, after hours, holidays, etc, there are extra replacement drug kits located in the nurse administrators office. If other crash cart contents need replacement on weekends, after hours, holidays, etc, there are some stored in each Service area and some stored in the *CSH Nurse Administrator's office*.

Routine monitoring of the crash cart include: 1) Check and Record the O2 PSI *EVERY NIGHT ON 11-7 shift*. The tank should be changed if it reads 500 psi or less. 2) Ensure that the lock is intact and verify the crash cart lock number. 3) Verify the expiration dates of the AED electrode pads. 4) **For Zoll**, check to ensure green check (√) light is on. If red (X) is present, unplug electrodes and check for green check (√) to appear. If the green check (√) light does not appear and/or the red (X) continues, tag as "out of order" and notify the supervisor. 5) Check the suction machine every night. If the suction machine is battery operated unplug and run for 15 minutes every Wednesday night. For all types of suction check for vacuum. (Vacuum check: Make sure that the regulator is pushed in to the high vacuum position, use occlusion to check suction capability. If the unit stops or slows during the testing time, notify the nurse manager/designee who will report the malfunction to the biomedical engineer). 6) Check the list of emergency drug expiration dates located on the crash cart.

Routine monitoring of the AED include: For the Zoll: batteries, have multi-year shelf-life and the expiration date is noted on the outside of the AED.

Emergency Drug Kit lock broken or Kit compromised

Pharmacy notified: Date _____ Time _____ Nurse Initials _____

Pharmacy notified: Date _____ Time _____ Nurse Initials _____

Pharmacy notified: Date _____ Time _____ Nurse Initials _____

YELLOW LOCK= cart is stocked and medication kit is intact inside of cart

AED Inspection Check—Non-Client Areas: _____ Month: _____

For Non-client areas: Complete Highlighted areas only during normal work days.

Day	Crash Cart Lock #			Green check (√) light appears on Zolls. Electrodes connected			Document O2 PSI-- EVERY NIGHT 11-7	Suction--Turn on & test vacuum daily on 11-7. For battery operated, run for 15 min every Wednesday 11-7 shift	Drug kit expiration dates checked on form			COMMENTS	
	Lock #	7-3	3-11	11-7	7-3	3-11	11-7	Daily 11-7	Wed 11-7	7-3	3-11		11-7
1								psi					
2								psi					
3								psi					
4								psi					
5								psi					
6								psi					
7								psi					
8								psi					
9								psi					
10								psi					
11								psi					
12								psi					
13								psi					
14								psi					
15								psi					
16								psi					
17								psi					
18								psi					
19								psi					
20								psi					
21								psi					
22								psi					
23								psi					
24								psi					
25								psi					
26								psi					
27								psi					
28								psi					
29								psi					
30								psi					
31								psi					

ADULT AED Pads expiration date(s) _____ Signature _____

Zoll, check: ensure green check (√) light is on. If red (X) is present, unplug electrodes and check for green check (√) to appear. If the green check (√) light does not appear and/or the red (X) continues, tag as “out of order” and notify the supervisor.

Routine monitoring of the ZOLL: batteries, have multi-year shelf-life and the expiration date is noted on the outside of the AED.