

Code Resus QI Project

Code Resus Team

Aim Statement

To improve efficiency and coordination of healthcare provider response to patients requiring resuscitation

Change Ideas

- Develop a coordinated resuscitation response team
- Improve communication between EMS and ED HCP's
- Improve ED wide notification of resuscitation
- Improve ergonomic factors in the space

Implementation

- Pre-Implementation survey March 2015
- Project measures implemented April 2015
- Post-Implementation survey January 2016

Project Specifics

- EMS Data Sheet
- Dedicated Code Team
- Defined Code Team roles
- Overhead announcement “Code Resus ETA...”

EMS Data Sheet

Code RESUS Checklist

Time Call Received:

ETA:

Patient

Age:

Gender:

Intubated: Y N

Crew: BLS/ALS

Chief Complaint:

Resuscitation Team

- Unit clerk call overhead to activate the ER CODE RESUS. Call 2 times overhead.
Example: "Code Resus ETA 2min, Code Resus ETA 2min"
- Gather team members ASAP
 1. Code Team Leader MD. Acute side MD by default.
 2. Senior ER Resident
 3. Medication/IV Nurse
 4. Charting Nurse
 5. Task Nurse (equipment, CPR etc.)
- Page RT. Follow **Web Paging** guidelines for "STAT to ER Resus" then add "intubation or BIPAP" as needed in comments section
- Turn on and unplug portable ultrasound
- If necessary, page for extra helpers to perform CPR

Code Teams

- Nursing leadership both sites created designated code team
- Comprised of Resus Nurse, 2 nurses (ACT-Assessment/Charting/Task)

Code Team Roles



T (Task)

- APPLY DEFIB PADS
- MANAGE MEDICATION DELIVERY
- CALL OUT FOR DOUMENTATION:
 - Medication
 - Dose
 - Route
 - Time
 - Who administered drug

RT

- AT HEAD OF BED
- MANAGE AIRWAY

A (Assessment)

- IV X 2
- BLOODWORK
- AIRWAY MANAGEMENT
- OXYGEN
- CARDIAC MONITOR
- VITALS

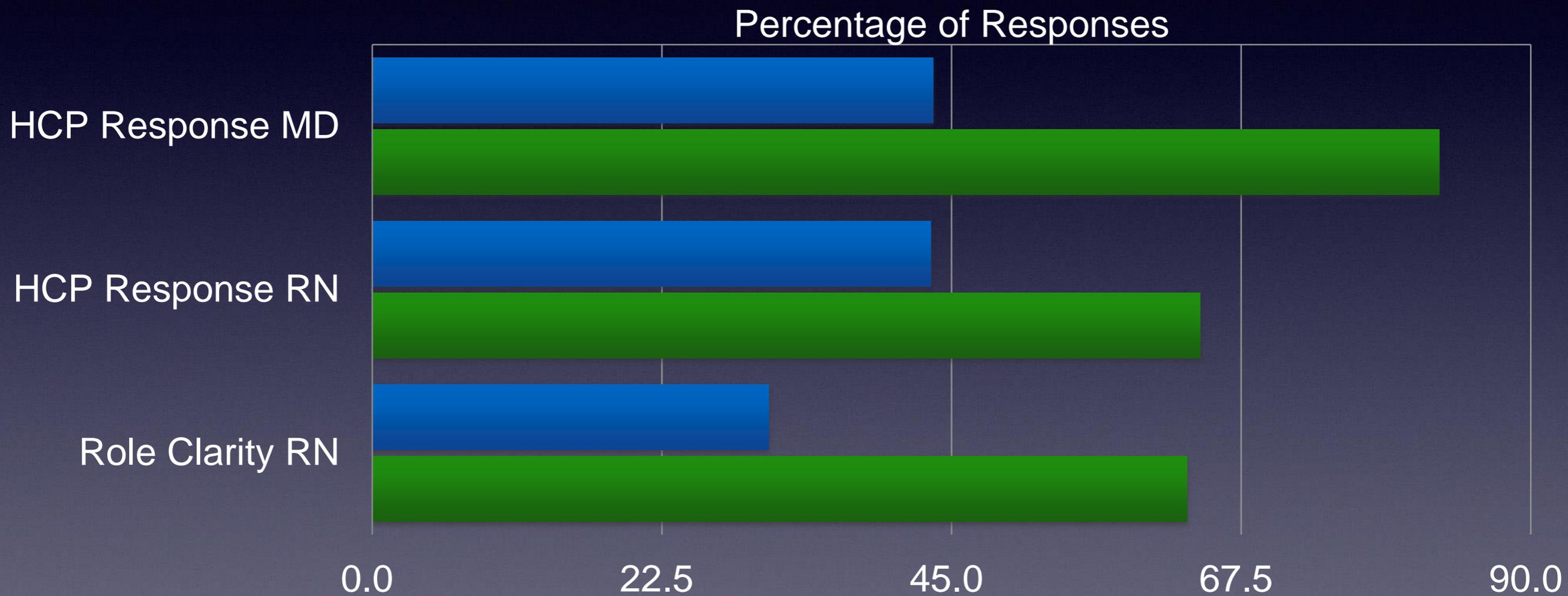
C (Charting Nurse)

- INITIATE CPR
- HANDOVER CPR
- DOCUMENT
- LIAISON WITH LEAD MD
- NOTIFY MD WHEN NEXT DOSE OF MEDICATION DUE
- ANNOUNCE 10 SECOND WARNING FOR PULSE CHECK
- ANNOUNCE 2 MINUTE CPR/PULSE CHECK (NO LONGER THAN 10 SECONDS)
- DETERMINE WHEN OTHER RNS MAY LEAVE ROOM

MD

- INTUBATE AT HEAD OF BED
- IDEALLY AT FOOT OF BED ONCE PATIENT INTUBATED

Survey Results



Dissemination

- Poster accepted for CAEP 2016
- Abstract submitted to Faculty Research Day