

**PROCEDURE FOR:** Code Blue Documentation

**POLICY:** A written account of code events, in sequence, will be maintained by a nurse throughout all Code Blue situations. This record will include the therapeutic interventions employed and the response of the victim to these efforts. It will also include medication(s) given and by whom. The John Dempsey Hospital CPR Report Form (HCH-1036) will be used to document all Code Blues, paged or unpagged, except in clinical areas that maintain an electronic code record (i.e. Emergency Department), or areas for which Paramedic/EMS is designated as primary response. The CPR Report Form will serve as both the order sheet and medication administration record (MAR) for the code event.

**EQUIPMENT:** HCH-1036: CPR Report Form and clip board (located in the top compartment of the adult code cart).

**PROCEDURE:**

	<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1.	A Registered Nurse removes the clipboard containing the CPR Report Form from the top compartment of the code cart and initiates the documentation of Code Blue. On floors utilizing Computerized Physician Order Entry (CPOE), there will be a number of requisitions located on the clip board for use during the code blue as this is an emergency situation where orders are not able to be entered electronically to generate the requisitions needed.	
2.	Documentation of the Code Blue includes all interventions and the patient's response, noting the time initiated and time achieved. (See attached Critical Elements of Code Blue Documentation.) If orders are given by someone other than the responsible MD, document initials in box next to the order. If a medication is given by staff other than the identified medications RN, put their initials in the box next to the corresponding medication.	2. The Form must include account of the following: <ul style="list-style-type: none"><li>• Demographics</li><li>• Participants</li><li>• Time of arrest</li><li>• Time CPR initiated</li><li>• Time of intubation/by whom?</li><li>• Monitoring/Heart Rhythm</li><li>• Lines</li><li>• Medications (include dose/route)</li><li>• Lab Specimens</li><li>• Procedures</li></ul>
3.	At the completion of the code,	

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the recording nurse, medication RN and responsible MD sign page 2 of the CPR Report Form. If staff, other than the responsible MD or medication RN, give orders or give meds, those persons also need to sign and initial at the end of the form.

4. The Resident Physician conducting the code completes the second page of the CPR Report Form and signs the document.
5. The CPR report is in duplicate. When completed, the original copy of the CPR Report Form is placed in the progress notes section of the patient record. The yellow copy is to be forwarded to the Nursing Manager of the unit where the code occurred, or the Administrative Nursing Supervisor.
5. If resuscitative efforts were initiated in the field, a copy of the Paramedic/EMS pre-hospital care records should accompany the CPR report.

**RELATED POLICY:** HAM 08-022A: CPR: Code Blue Response on Campus

**APPENDIX:** Critical Elements of Code Blue Documentation: a Guideline

**APPROVAL:** Nursing Administrative Council  
CPR Committee

**EFFECTIVE DATE:** 8/22/86

**REVISION DATES:** 10/88, 12/90, 11/97, 10/00, 10/03, 9/07, 7/08

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**APPENDIX**

**CRITICAL ELEMENTS OF CODE BLUE DOCUMENTATION: A GUIDELINE**

The following information should be recorded on the CPR Report Form:

**TIME OF ARREST**

**TIME CPR INITIATED**

**TIME OF INTUBATION/BY WHOM**

Size of endotracheal tube used

**MONITORING:**

Rhythm

Pulses - present or absent

Blood Pressure

Defibrillation -

# joules and response

Responsiveness:

- pupils
- motor response
- verbal response

Skin: color

temperature

moisture

**LINES:**

peripheral

central

location

solution: \*

- type
- amount
- rate
- if new line, when inserted and by whom.

**MEDICATIONS:\*\***

Type

Dose

Route

Effect

**LAB SPECIMENS:**

Type

Results

**PROCEDURES:\*\*\***

NG Insertion

Foley

Pacemaker

Chest Tube

Other

**DEMOGRAPHICS:**

Patient Name

Age

Date of Arrest

Unit No: TOO

Location of Arrest

Attending

**PARTICIPANTS (List All):**

MD's

Nurses

Respiratory

Pharmacists

Other

\* Note when replaced

\*\* Note that recorder reminds MD: last dose of epinephrine.

\*\*\* Note time started and time completed.