

Code Blue team: Roles and Function

Crisis situations are, by their very nature, unpredictable; they require a certain flexibility and adaptability from the team. The team can function more smoothly if there is a general plan in place, and all team members are familiar with the approach.

Stage 1: Activation Phase

In every situation, there is someone who first identifies that a patient has had (or is about to have) a cardiac arrest. Most often this is a nurse caring for the patient, but it may be another health care team member or a family member or visitor. The Unit where a patient has arrested will be asked to do the following (“The Three C’s”):

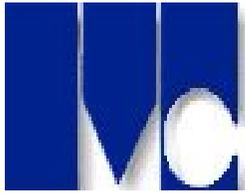
- **Call for help** – call a **Code Blue Sim Lab**
- **CPR** – initiate chest compressions (**CAB**)
- **Crash cart** – staff in the Nursing Unit are expected to bring the crash cart as soon as the code is called. Whoever is closest should bring it.
 - *In the Sim Lab, first student entering should bring the crash cart to the room.*
 - *Last student entering should bring the patient’s chart.*

The patient’s care team (Nurse, Tech) form a very important part of the cardiac arrest team. They are expected to remain with the arriving code-blue team to assist them and to provide important information about the patient.

Stage 2: Staggered arrival – Chaotic Phase

Although all members of the team are activated at the same time, not all members will arrive simultaneously. The *priorities of the team members who arrive first* are to:

- **Ensure that the initial priorities (the “Three C’s”) are being addressed. CPR should be in progress. The crash cart should be at the bedside.**
- **Backboard and Defibrillator pads should be applied to the patient, and the defibrillator should be turned on.**
- **The AIRWAY manager should be ventilating the patient using a bag-valve-mask.**
- **Two people should be delegated to continue CPR**

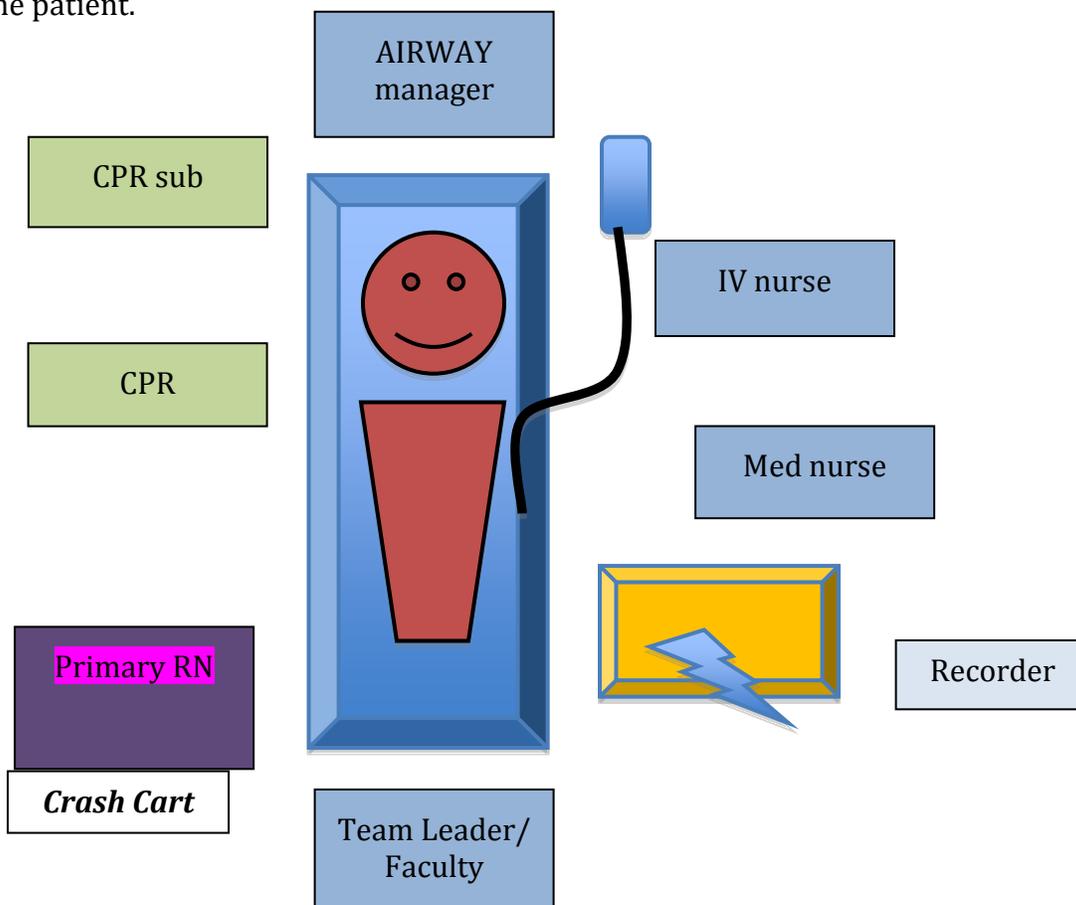


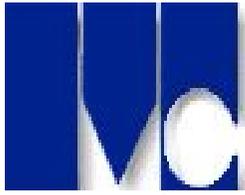
- **IV access should be confirmed by NSS flushing.**
- **A Medicine nurse should be delegated to find, prepare, and hand medications to the IV nurse.**

In the few minutes that it takes for team members to arrive, there is often confusion and chaos as people try to care for the patient. Calm, clear direction with a specific set of priorities will help to reassure the team and will direct everyone's energy in the right direction.

Stage 3: Organized Team Function Phase

As the team members converge, they will move to their designated positions around the patient. These positions may have to be modified depending on the location of the patient.





Montgomery College

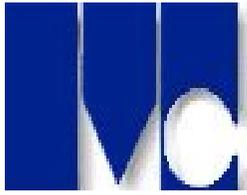
MC Hospital Simulation Lab

The following is a description of the main roles of the team members. The roles are meant only as a starting point – team members are expected to work supportively with each other and assist where needed.

- **PRIMARY NURSE** – calls the code, provides chest compressions until relieved, gives information to Team Leader about the patient, reviews the chart – orders, advanced directives, last labs and vital signs, etc.
- **SECONDARY Nurse** – brings the patient’s chart from the desk & alternates with primary nurse to give chest compressions. *CPR providers should switch ~~with after cycle~~ every 2 minutes.*
- **AIRWAY manager** - Will provide basic airway management including bag-mask ventilation, high flow oxygen, suctioning of the airway and assistance to anesthesia in cases of advanced airway management (Intubation)
- **MEDICATION nurse**– will prepare and hand medications from the cart to the IV nurse as they are called for.
- **RECORDER** - will apply the defibrillator pads and make sure the patient is on the back board. They will control the defibrillator/transcutaneous pacemaker and troubleshoot when there are difficulties, and will document medications and code activity times on the CODE RECORD. (This role can be 2 people if there are enough students –ALL TIMES are written on the CODE RECORD which is on the crash cart in the SIM lab)
- **IV nurse** – will flush the Saline Lock to ensure a patent IV, and will administer medications when they are ordered. After giving medications in a peripheral IV, the IV nurse raises the patient’s arm to speed up delivery of the medication to the heart.
- **Team LEADER** – will follow the ACLS algorithms, ensure good scene and crowd control, and initial diagnostic efforts. The team leader is responsible to run the code, keep everyone on task and calm, and will complete a detailed after-action report based on the code documentation of the Recorder.
This is very often an ER or ICU physician – who will not know anything about the patient. This is why the Primary nurse needs to have the chart to be able to review history, medications, advanced directives, etc. (This role will be a LAB person or a FACULTY member in the SIM lab.)

Team Communication:

Effective communication is critical for teams working in crisis situations. Good team-work depends on everyone being on the same page. Communication ensures that everybody knows what is going on, what needs to be done and what is already done.



Montgomery College

MC Hospital Simulation Lab

REMEMBER: Communication is important to the sender and to the receiver. *A message is only communicated if it is both sent AND RECEIVED.*

- Meant is not said
- Said is not heard
- Heard is not understood
- Understood is not done

Closed loop communication – When communicating with team members, the leader should use “closed loop communication”. The leader should give an order or assignment then confirm that the message was heard. Team members confirm that the order or assignment was heard and inform the leader when the task is complete.

Example:

Team Leader: “Give 1 mg Epinephrine IV now”

IV Nurse: “1 mg Epinephrine given IV at 9:05”.

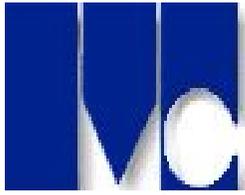
Clear messages – All messages should be delivered in a calm and direct manner without yelling or shouting. Team leaders should speak clearly. Team members should question an order if they are unsure what was said.

Clear roles and responsibilities – Every member of the team should know his/her role and responsibilities. To avoid inefficiencies, the team leader should clearly delegate tasks. A team member should not accept assignments above their level or competence or expertise.

Knowing one’s limitations – Every member of the team should know his/her limitations and capabilities and the team leader should be aware of them. A new skill should not be attempted during the arrest.

Knowledge sharing – A critical component of effective team performance is information sharing. The team leader can ask for other suggestions when the resuscitation efforts seem to be ineffective.

Constructive intervention – During a code, a team leader or member may need to intervene if an action is about to occur at an inappropriate time. The person recording the event may suggest that epinephrine be given as the next drug because it has been 5 minutes since the last dose. All suggestions for a different intervention or action should be done tactfully.



Montgomery College

MC Hospital Simulation Lab

Reevaluation and summarizing – An essential role of the team leader is monitoring and reevaluation of the status of the patient, interventions that have been done and assessment findings.

Mutual Respect – The best teams are composed of members who share a mutual respect for each other and work together in a collegial, supportive manner. All team members should leave their egos at the door.