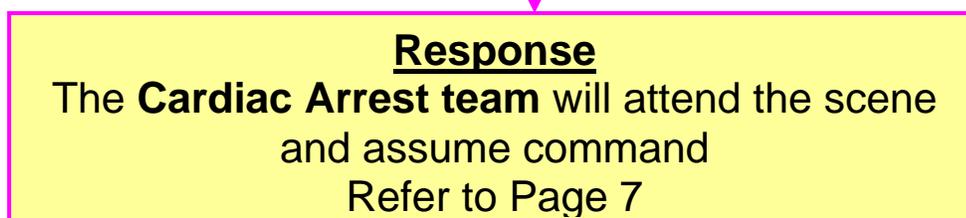
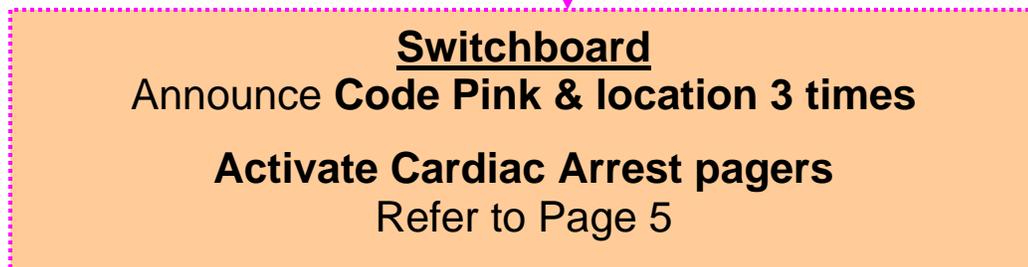
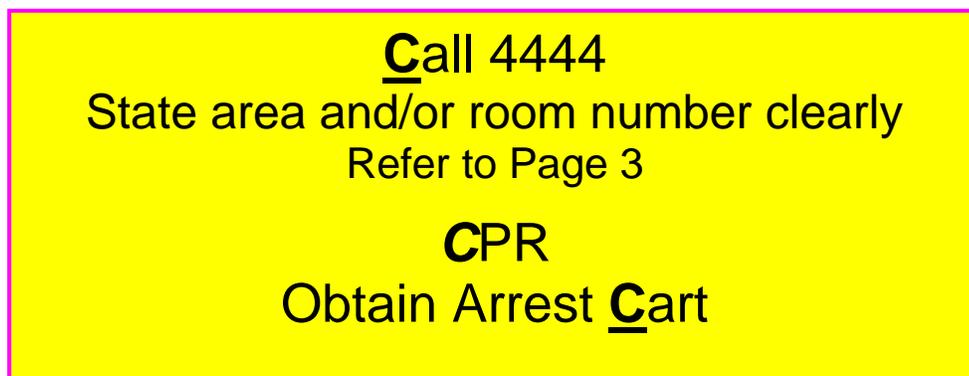


i. Outline:

CODE PINK

(Cardiac Arrest – Pediatric)

If You Discover A Pediatric Cardiac Arrest



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1.0 General Overview

1.1. Code to Be Used In Case of a Pediatric Cardiac Arrest

Anytime a child or infant, is suffering from a cardiac arrest or is unresponsive and requires physician intervention a Code Pink will be activated.

Cardiopulmonary resuscitation measures are instituted by trained staff unless otherwise indicated. (i.e. consider Do Not Resuscitate – DNR)

1.2. Authority to Declare a Code Pink

Anyone that is aware of a child or infant experiencing a cardiac arrest or is unresponsive is authorized to activate a Code Pink.

1.3. Pediatric Cardiac Arrest Team¹

Composition of Pediatric Cardiac Arrest Team **during normal working hours (Monday to Friday, 08:00 to 1700 hours)**

- First Responder (defined as a regulated health professional)
- Pediatric critical care resident
- Pediatric junior resident
- Anaesthesiology resident on call
- Designated Respiratory Therapist
- Designated Pediatric Registered Nurse

During evenings, nights and weekends:

- First responder
- Pediatric Senior resident on call
- Pediatric Junior resident on call
- Anaesthesiology resident on call
- Designated Respiratory Therapist
- Designated Pediatric Registered Nurse

1.4. Two Simultaneous Pediatric Cardiac Arrests

If a second pediatric cardiac arrest occurs while the pediatric cardiac arrest team is actively engaged in a resuscitative effort, the resident in charge of the first pediatric cardiac arrest will designate members of the team to leave and attend the second arrest. One of these persons will become the Team Leader of the second arrest. In most cases, this should be the anaesthesiology resident

1.5. Cardiac Arrest Resuscitation Cart Equipment

Resuscitation carts have been strategically placed based on the frequency of cardiac arrests in an area and physical barriers that slow response with a cart. The equipment on the cart is standardized to facilitate easy use.

When a cardiac arrest occurs in an area that does not have an arrest cart, responsibility for delivery has been designated to another area.

¹ Source: Kingston General Hospital Administrative Policy (11-080)

1.6. Automated External Defibrillator (AED) Use

AED's are brought by the RACE nurse to all cardiac arrests in non-patient care areas, to shorten the time from collapse to delivery of the first shock. They may be used in any circumstance where there is equipment failure or delay. There will be an annual update and recertification for all RACE nurses in the use of AED's.

2.0 Response & Recovery – All Staff

Response

2.1. Procedure if You Are Aware of a Pediatric Cardiac Arrest

- The expectations can be remembered by recalling the ‘three C’s’:
- C**all 4444 and report a Pediatric Cardiac Arrest (Code Pink). Provide switchboard the following:
 - Your name and position
 - Location
 - C**PR if qualified
 - Obtain Cardiac Arrest **C**art – if other staff are available direct them to bring the cardiac arrest cart

2.2. Procedure if You Hear a Code Pink Announced Overhead

- If you are in the area of the medical emergency and not providing medical treatment, assist in isolating the area, and directing the Pediatric Cardiac Arrest team to the emergency
- The patient’s care team are expected to assist the Pediatric Cardiac Arrest team and to provide important information
- If you are not in the area and are not part of the Pediatric Cardiac Arrest team continue with your normal duties and avoid going to the affected area until the situation is resolved

Recovery

2.3. When the crisis has concluded:

- Resume normal duties
- Participate if an incident debriefing session is being held, following the incident

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3.0 Response & Recovery – Switchboard

Response

3.1. Upon Notification of a Pediatric Cardiac Arrest

- Page 600 (cardiac arrest pagers) and announce **Code Pink** and location x 2
- Announce overhead three times “**CODE PINK (location)**”
- Notify:
 - Page Manager / Supervisor covering the floor enter 4444 for numeric pagers
 - Call floor / ext. listed for defibrillator if necessary (See Table provided to switchboard)
 - ** MON - FRI 7pm - 7am & Weekends and Stats Page 178 FOR ALL AREAS**
 - Dispatch porter to ALL AREAS via the online application and document job #

Recovery

3.2. Upon Notification That the Crisis Has Concluded

- Call floor in 1 hour for patients name and document on code sheets
- Participate if an incident debriefing session is being held, following the incident

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4.0 Response & Recovery – Pediatric Cardiac Arrest Team

Response

4.3. Upon Receiving the Code Pink Notification

The Pediatric Cardiac Arrest Team will attend the scene of the Code Pink and assume command. The possible roles of the team members are meant only as a starting point – team members will be cross-trained and will step-in for each other and assist where needed.

First Responder

- Call Code Pink
- Initiate CPR
- Direct someone to bring the nearest cardiac arrest cart to the patient's bedside

The Patient's Care team

- Attending service members take role in diagnostic team. They will offer suggestions to the resuscitation team around the root causes of the cardiac arrest.

Team Leader

- The Pediatric Critical Care resident / Senior Pediatric Resident on call will assume the team leader role. The team leader's duties will include but not be limited to:
 - Assigning responsibilities involved in cardiopulmonary resuscitation
 - Guiding the team through the appropriate algorithms and initial diagnostic efforts
 - Ensuring scene and crowd control
 - Making decisions regarding transfer of the patient to an appropriate intensive care facility and decisions regarding cessation of resuscitative efforts, after appropriate consultation with the service responsible for the patient's care
- Review and sign the cardiopulmonary resuscitation flow sheet
- The team leader is responsible to the Medical Director of the Pediatric Intensive Care Service
- Complete a detailed after-action note in the chart based on the code documentation

Pediatric Registered Nurse

- The designated Pediatric registered nurse will respond to all pediatric cardiac arrests
- Responsibilities may include but will not be limited to:
 - application and operation of the defibrillator / transcutaneous pacemaker and troubleshoot when there are difficulties
 - Delivery of energy by AED or defibrillator as outlined in the relevant medical directive / delegation
 - Provision of medications from the cart
 - securing IV access if required

Respiratory Therapist

- A designated respiratory therapist will respond to all pediatric cardiac arrests
- The respiratory therapist's responsibilities may include but will not be limited to:

- Provision of basic airway management including BVM ventilation, high flow oxygen and suctioning of the airway
- Providing assistance to anesthesia in cases of advanced airway management

RACE Registered Nurse

- The RACE nurse will attend all cardiac arrests**
- Responsibilities will include, but not be limited to:**
- Securing IV access if required
- Administration of medications
- Documentation of the actions of the team during the arrest

Anesthesia Resident

- The anesthesia resident will attend all pediatric cardiac arrests**
- Responsibilities may include but will not be limited to:**
- In cases of primary respiratory arrest, provision of a definitive airway ,at a point deemed appropriate by the team leader
- Providing consultation and advice to the team leader during the pediatric cardiac arrest (anesthesia resident will often have more experience than the team leader)
- If the patient is successfully resuscitated, providing assistance in post-resuscitative care that may include intubation for primary cardiac arrests, fluid resuscitation, vasopressor and inotropic support, and medical stabilization for transfer.

Diagnostic Team

The anesthesia resident, Medical Director of Pediatric Intensive Care Service, and members of the patient's attending service make up the diagnostic team. Their role is to:

- Consider causes of the arrest and possible treatments while ensuring that they do not interfere with the team's communication
- Interact with the patient's family as required

Recovery

4.4. Upon Conclusion of the pediatric cardiac arrest:

- Any member of the Pediatric Cardiac Arrest team, who has noted problems or concerns with the arrest proceedings should document in the space provided on the cardiopulmonary resuscitation flow sheet and bring to the attention of the Medical Director of Pediatric Intensive Care Service
- Any failure of mechanical or electrical equipment noted during the arrest shall generate a 'Safe Reporting' report by the team leader
- Complete CPR flow sheet, including the provision of required signatures, and resume normal duties
- Participate in an after-code quality assurance process

5.0 Response & Recovery – Emergency Management, Security & Life Safety

Response

5.1. Upon Receiving the Code Pink Notification

- If the emergency is on a patient care unit it is not necessary for Security to respond unless directly requested by the unit to assist
- If the emergency is not on a patient care unit, respond to area to provide assistance in isolating the area
 - When the medical team is ready to transport the patient to Emergency, assist by ensuring they take the most direct route and the way is clear of obstruction

Recovery

5.2. Upon Notification That the Crisis Has Concluded

- Once the patient has been escorted to Emergency resume normal duties
- Participate if an incident debriefing session is being held, following the incident

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