Codes

Purpose

To outline the roles for residents in departmental codes.

References

Please refer to specific Emergency Department policies on EDNET and Compliance 360 for more details and for role descriptions for all faculty.

Responsibilities

Code Blue

Code Blues are called for patients with immediate airway need, hemodynamic compromise, altered mental status with GCS <8, or based on MD, PA, RN, or medic judgment.

Faculty controls traffic, supervises the team leader, obtains medic report with the team leader, confirms accuracy of primary survey, and performs or assists with procedures. Maintains final control of all procedure delegation.

The *EM-3 Team Leader* obtains medic report, directs resuscitation, receives physical exam from MD#1, performs or delegates procedures (intubation, central line, art line, ultrasound), speaks to consultants and admitting team, and dictates the resuscitation note.

The *EM-2 functions as MD-1* and performs primary and secondary survey, provides cricoid pressure (as backup to RT), identifies cardiac rhythm, performs procedures (intubation, central line, art line, ultrasound) as directed by the team leader.

The *EM-1 functions as Airway MD* and evaluates the airway, establishes airway control with the use of adjuncts or intubation, orders RSI and sedation medications, evaluates post-intubation CXR, and performs other duties as directed by the team leader.

Other providers participate as directed by the faculty and the Team Leader.

On Thursday mornings, if the resident conferences are held at Regions, residents assigned to cover conference call/codes respond to Code Blues.

Pediatric Code Blue

Pediatric Code Blues are called for patients <age 18 with immediate airway need, hemodynamic compromise, altered mental status with GCS <8, or based on MD, PA, RN, or medic judgment.

Roles are as in adult Code Blue, with the exception that patients under the age of 8 are intubated by the EM-2, EM-3, or faculty.

Trauma Team Activation (TTA)

TTAs are called for major trauma patients as per the Regions Hospital trauma guidelines.

From 7a-7p, the Surgery faculty serves as overseeing faculty, working in collaboration with the Surgery faculty. The Surgery chief serves as Team Leader, the Team Leader delegates procedures. The EM-3 serves as MD-1 and performs the FAST exam. The Surgery G-1 serves as MD-2. The EM-2 always serves as Airway with the EM faculty supervising.

From 7p-7a, the EM faculty serves as the overseeing faculty, working in collaboration with the Surgery faculty. The EM-3 serves as Team Leader, the Team Leader delegates procedures. The Surgery Junior serves as MD-1. The Team leader delegates FAST to the

EM faculty, EM-2, EM-1, or performs the fast him/herself. The Surgery G-1 serves as MD-2. The EM-2 always serves as Airway with the EM faculty supervising.

Faculty: Ensures the Team Leader is functioning appropriately, teaches the team leader, performs in-line c-spine immobilization as needed, controls traffic, and controls room volume. Maintains final control of all procedure delegation.

Team Leader: EM-3 or Trauma chief. Directs the resuscitation, delegates and directs procedures, receives report from EMS, receives physical exam from MD-1, and performs physical exam/procedures at his/her own discretion. Delegates FAST performance if needed.

Airway: EM-2 resident. Manages the airway on all trauma patients. Performs rapid assessment of the airway, and facilitation with brief neurologic evaluation. Establishes and confirms patent airway. Used RSI and adjuncts as needed. Performs HEENT exam. Communicates with patient..

MD-1: EM-3 or Trauma senior. Performs primary and secondary survey as per ATLS guidelines. Performs FAST exam (if EM-3). Performs procedures at the direction of the Team Leader.

MD-2: Trauma G-1. Removes/cuts patient clothes, obtains blood by femoral puncture as needed, and performs procedures at the direction of the Team Leader.

Documentation and orders: If the EM-3 is Team Leader, the medical record is completed by the EM-3. If the EM-3 is MD-1, then the medical record is completed by the EM-2. Bed requests and handoff/report as needed are the responsibility of the documenting resident.

On Thursday mornings, if the resident conferences are held at Regions, residents assigned to cover conference call/codes respond to TTAs.

Code CVA

Code CVA is called on patients with focal neurologic deficits with a suspicion for stroke as the cause. After initial evaluation, patients who may meet criteria for IV or IA thrombolytics are called as a Code CVA to facilitate imaging and Neurology input.

EM-1, EM-2, or EM-3 residents can act as the midlevel provider on Code CVA patients. The provider should verify/document last known normal time, order appropriate testing in EPIC, calculate/document the NIHSS score, follow up on radiology reading, and consult with Neurology as soon as possible. For patients to receive thrombolytics, the provider should order the t-PA, obtain consent, review indications and contraindications, communicate with the primary RN, re-assess the patient as needed, and facilitate clear communication among all staff.

Code Purple

Code Purple is called for patients requiring behavioral intervention for their own safety and for the safety of staff and other patients.

Faculty responsible for the Pod responds to the call, confers with the primary midlevel, and monitors response.

EM-1, EM-2, or EM-3 residents can act as the midlevel for Code Purples. For patients who already have a midlevel assigned, this person will respond to the Code Purple. When a PA is assigned to Pod G, this PA has the responsibility of primary midlevel provider for pod G. For unassigned patients, the EM residents in the responsible Pod should respond. The midlevel provider evaluates the patient, verbally de-escalates if possible, communicates plan

and medication orders with the RN, orders meds in EPIC, orders behavioral restraints in EPIC, and assesses efficacy of intervention.

Code EKG/Code STEMI

Code EKG is called for patients with chest pain needing an EKG. There is no required MD response. Code STEMI is called for patients with suspected STEMI and need for cath lab intervention.

EM-1, EM-2, or EM-3 residents can act as the midlevel providers for Code EKG or Code STEMI patients. The midlevel provider should verify/document the HPI, PMH, and a focused physical exam. The EKG should be evaluated with faculty and if a STEMI is present the clerk should be notified to activate the cath lab. The provider should speak with Interventional Cardiology, order medication and interventions as needed per the EPIC order set, and review the portable CXR, communicate with the primary RN, re-assess the patient as needed, and facilitate clear communication among all staff.

Code Red

Code Reds are called for patients needing evaluation within 5 minutes by a physician

The EM-1 or EM-2 will handle all code reds on their side. If they need help, they may call the EM 3 for help. EM-1 and EM-3 will both respond to the code red on their side. The EM PGY-3 will then delegate who will be responsible for the patient. If two doctors need to be in the room, a code blue will be called and the third year will lead the resuscitation from there on.

Code Red EMS

Paramedics can request MD presence in the room upon their arrival for select patients. Response is per Code Red, with the expectation of being present when the rig arrives.

Pediatric Code 2 (Pediatric codes within Regions Hospital or Gillette Children's Hospital)

The EM-3 resident will respond to the Code 2 location paged overhead. If No G3 is present in the department then the Staff physician in Pod E or A will respond

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