Code Policy

Purpose

To outline the roles for residents in departmental codes

Background References

Please refer to specific Emergency Department policies on EDNET and to the Trauma Handbook 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 postintubation CXR, and performs other duties as directed by the team leader.

PA residents can participate during the 1st 3months of residency or anytime they are extra providers on Pod E as directed by EM faculty.

On Thursday mornings, if the resident conferences are held at Regions, residents assigned to the day shift 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)

PA residents will only participate in TTA's when they are extra providers as directed by EM faculty.

Code Gray/Code CVA

Code Gray 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.

PA residents can act as the midlevel provider on Code Gray 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, 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.

PA 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 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.

PA 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 PA resident, 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. PA resident, 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.

Policy

Procedures

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