Regions Emergency Department Code Guidelines for Physicians, Residents and PAs

Purpose

To outline the roles for Emergency Medicine Providers in Emergency Department 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 who are in cardiopulmonary arrest or distress. A code blue can be called by any provider, RN, ERT or medic working in the ED.

Staff physician is ultimately responsible for all decisions regarding the management of the code. This includes: controlling traffic, supervising the team leader, obtaining 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 functions as Team Leader,* obtains medic report, directs resuscitation, receives physical exam from MD#1, orders tests, performs or delegates procedures (intubation, central line, art line, ultrasound), speaks to consultants and admitting team, and does the EPIC resuscitation note.

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

The *EM-1 functions as Airway Physician* and evaluates the airway, pre-oxygenation, setup of intubation/back-up supplies, 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.

Variations on the policy include:

- If the resident conferences are held at Regions Hospital, residents assigned to cover conference call respond to Code Blues. Once they arrive they will assume their usual roles, as long as this can be accomplished without disrupting patient care.

-When residents are off campus, not immediately available or if there are multiple codes or traumas at the same time, the staff physician will determine who will perform the roles listed above (ex: PA staff or the staff physician).

Code Blue for Intubation

Code Blue for intubation is called when advanced airway management/endotracheal intubation is needed. This can be needed due to disorders related to airway protection, airway anatomy,

oxygenation, ventilation, or critical illness. These patients will most typically still have a pulse and not be in cardiac arrest. Many of these patients will be in the middle of their ED course. Regardless of who has been primarily caring for the patient, once a 'Code Blue for Intubation' is called the following roles should be assigned:

Staff physician is ultimately responsible for all decisions regarding the management of the intubation. This includes: controlling traffic, supervising the team lead/EM-3, performing or assisting with procedures. Maintains final control of all procedure delegation.

The *senior level EM resident (EM-3) responds, functions as team lead and airway backup if needed.*

The EM physician intern (EM-1) *responds and functions as the airway physicia*n. They are responsible for airway evaluation, pre-oxygenation, setup of intubation supplies and backup adjuncts, orders RSI and sedation medications, secures ETT and NG placement, evaluates post-intubation CXR, and performs other duties as directed by the EM faculty and team leader.

Variations on this policy include:

-If the resident conferences are held at Regions, residents assigned to cover conference call/codes respond to the Code Blue/Code Blue for Intubation and function in roles as listed above.

-If the patient is a primary patient of a PA resident, then the PA resident can take the role of the EM-1 and perform the intubation (with senior resident back up and staff supervision).

-If there is no EM-1 present in the ED then the EM-2 or EM-3 resident should perform the airway.

-When residents are off campus or not immediately available (ex: multiple codes or traumas at the same time), the staff physician can determine if another provider needs to perform the intubation (ex: PA staff or the staff physician).

-All airway procedures and management decisions are at the discretion of the senior staff physician.

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.

<u>From 7a-7p</u>, the Surgery faculty serves as overseeing faculty, working in collaboration with the Emergency Medicine 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.

<u>From 7p-7a</u>, 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. Documents supervision of the EM resident in the medical record.

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. Please evaluate and treat according to the departmental Code CVA protocol. 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.

PAs, PA residents, EM-1, EM-2, or EM-3 residents can act as the midlevel provider on Code CVA patients

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. Please evaluate and treat according to the departmental STEMI protocol.

PAs, PA residents, EM-1, EM-2, or EM-3 residents can act as the midlevel providers for Code EKG or Code STEMI patients.

Code Red

Code Reds are called for patients needing urgent evaluation by a physician or PA.

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 Sepsis

Code red Sepsis is called for patients with suspected sepsis who need evaluation ASAP by a provider. Please evaluate and treat per departmental sepsis protocol.

Code Red EMS

Paramedics can request physician 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 C, E or A will respond.

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