

Code Blue Role Review

Watch the assigned videos and make notes on the following roles during a code scenario.

Team Leader/Charge Nurse:

Physician took the leader role when he arrived, gave clear orders and assigned roles for everyone present. The physician gave orders on how many joules to administer the shocks, and ordered the medications to be given. The physician got report and the patient history to assess what went wrong with the patient. The physician gave orders to intubate when RT began having difficulty with keeping the airway patent. After the patient was intubated, the physician auscultated the lungs to make sure there was air entry to the lungs. When the physician noticed the compressor was getting tired, he ordered them to switch.

Scribe (documentation):

The scribe took on the role and immediately began documenting, kept up with the times and names of the medications given, and documented the code time when completed.

Compressor:

The nurse that found the patient unresponsive called the code, initiated CPR, and began chest compressions. She switched approximately every two minutes.

Medications:

The medication nurse verified that IV access was patent, and stopped the antibiotic infusion. The nurse announced when each medication was given, and performed the glucose check when ordered.

Airway management:

Provided breaths with bag mask ventilation during CPR, was honest about not being able to get a good seal, and asked for help. RT took over airway management and later admits that he is having difficulty with airway patency and cannot get full breaths. He then gives orders for supplies needed to intubate after given the order to intubate by the physician. He intubated the patient.

GoFor/Rover:

One GoFor managed the crash cart to locate needed supplies and medications for everyone during the code. Another GoFor had to leave to locate a glucometer and then had to leave again to locate a pulse oximeter.

What did you notice that was efficient/well done in the videos?

The code was called quickly.

Everyone stayed calm and organized.

Everyone knew their limitations and took on roles they knew they could perform.

What did you notice that could be improved in the videos?

Roles for possible codes could have been assigned at the beginning of the shift to help with efficiency and organization.

The medication nurse did not verbally confirm medication orders given by the physician.

Time should be allowed between compressions for breaths to be given.

Monitor oxygen saturation at all times.

The compression nurse should ask for help if she gets tired.