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Focused Education on the Roles and Responsibilities of the New Nurse During a Patient Emergency

Jeanette Canderozzi
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Jeanette Canderozzi

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Mattie Burton, Committee Chairperson, Nursing Faculty
Dr. Barbara Niedz, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Staff Education Project

Focused Education on the Roles and Responsibilities of the New Nurse During a Patient Emergency

by

Jeanette Canderozzi

MSN, Walden University, 2020

BSN, Jacksonville State University, 2007

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Summary

This Staff Education Project aimed to measure the knowledge and self-efficacy gained from a comprehensive telemetry educational program as part of the onboarding process for nurses. The identified practice problem targeted a focused education in emergency response for the new-to-practice registered nurses to increase knowledge and self-efficacy in their roles and responsibilities during a clinical emergency. The hospital organization Code Blue Committee along with Nursing Leadership, gleaned an opportunity for improvement in the clinical emergency response of the new-to-practice nurse. Hence, the purpose of this project was to evaluate the effectiveness of the focused training for the novice nurse as it relates to their knowledge and confidence of their roles and responsibilities in a clinical emergency by using the pre-and postsurvey.

Education participants included four novice nurses with less than one year of nursing experience. The educational format included guided lectures, PowerPoint presentations, hands-on/simulation, and roleplay. The analytical strategies included a pre-evaluation and post-evaluation survey in which the participants gave consent, was used to measure self-efficacy using the Development and Psychometric Evaluation of the Resuscitation Self-efficacy Scale.

The findings of the pre- and post-education survey indicated that the participants reported an increase in their knowledge and self-efficacy post-education intervention. Potential implications for nursing practice and positive social change result from clinicians who have the knowledge and confidence to provide appropriate care and emergency interventions for the patients to whom they provide nursing care.

Background

Healthcare is a complex system with varying degrees of expertise of nurses caring for patients at the bedside. Numerous factors and sources influence the decisions that we make in clinical practice (Marino et al., 2020). As novice nurses begin their journey in the hospital setting, they complete specific competencies throughout the program, with Basic Life Support (BLS) being one of them. According to Knipe et al. (2020), despite widespread requirements for BLS certification/recertification for healthcare workers, BLS skills are rarely mastered or retained through the 2 years, with a decline in skills and knowledge as early as 3 months after the initial competency training. Chernikova et al. (2020) stated that novice nurses are often presented with a patient emergency during their orientation shifts. This can be overwhelming to the novice nurse, who may lack confidence and understanding of their role or ability to perform the necessary procedures during a clinical emergency. The identified practice question "Will a focused education in emergency response for the new to practice registered nurses increase their knowledge toward the ultimate goal of improved self-efficacy in their roles and responsibilities during a clinical emergency?" connects to the literature and results from the audit tool utilized by the Code Blue Committee.

Sterner et al. (2023) stated that there is a gap in the literature regarding novice nurses' self-efficacy and response to patient emergencies. Koota et al. (2020) conducted a multicenter randomized controlled trial focused education using simulation to improve the nurses' overall techniques and skills in recognizing and managing deteriorating patients in the hospital setting. This study aimed to measure the knowledge and self-efficacy of novice nurses before and after they attended an established comprehensive

educational program intervention. This educational comprehensive program as part of the onboarding process for nurses, included the roles and responsibilities of the clinical team during a patient emergency event, review of emergency equipment, emergency medications, recognition of cardiac rhythms, and debriefing process gained with a focus on recognition, debriefing and recording, responding, and rescuing, and reporting during the emergency event.

In reviewing the literature, it was evident that there was a need for focused education, including the presentation of material, simulation, and roleplay for the novice nurse. Najafi and Nasiri (2023) reported that "novice nurses comprise approximately 80% of the nurses' population, and studies show that most novice nurses at the beginning of their work express the feeling of being insufficiently prepared to play a new role." A systematic review conducted by Niemeyer (2018) demonstrated that multiple strategies utilizing different types of simulation resulted in an improvement of the novice nurse self-efficacy to care for patients safely. According to Niemeyer (2018), a multifaceted approach to education was found to be essential in the effort to support the improvement of the registered nurse's skill in the care they provide. The simulation was more effective than didactic and written instructions for novice RNs learning safe patient care (p.105). The Institute of Medicine (IOM) and the National League for Nursing (NLN) issued a call to action to reform and support post-graduate nursing education. The development of novel education and training targeting novice RNs in the hospital setting is essential, but more research is needed to enhance safe patient care (Niemeyer, 2018).

Healthcare is challenging for the novice nurse at the bedside, and a patient emergency requires the nurse to be competent, knowledgeable, and confident to complete

their role in the patient emergency event. Sterner et al. (2023) concluded that 99 of 102 new graduate nurses who completed a simulation-based education utilizing a pre- and post-measurement utilizing a *t* test resulted in a mean post-education score that was significantly higher ($N = 99$, $Z = 7877$, $p < .001$). According to the findings of the qualitative study by Najafi and Nasiri (2023), "factors such as the gap between theory and practice, the low quality of practical courses during education, insufficient experience, and the lack of knowledge in university courses lead to a decrease in self-confidence in novice nurses." Novice nurses reported feeling unprepared for their clinical work due to a lack of self-confidence, which impacted their preparation and performance. When caring for their patients, they experience increased stress and anxiety, especially when the patient's condition deteriorates rapidly due to the nurse's insufficient mastery (Najafi & Nasiri, 2023).

While the residency program will fill the gap in training the new nurse on their skills and advanced skills, additional training is needed to practice clinical scenarios and skills with simulation included to meet this need (Short et al., 2019). During simulation, students can assume roles outside of their own, which helps develop various skills and habits. Simulation after roleplay is more effective than only a lecture to improve self-efficacy (Eunsook, 2018). The Cary and Forsyth (2023), defined *self-efficacy* as "an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments and reflects confidence in the ability to exert control over one's motivation, behavior, and social environment."

Sterner et al. (2022) stated that simulation-focused education in specific contexts of acute situations positively affects confidence, communication, and patient outcomes.

The learning environment with specific educational modes and context is important in supporting the absorption of information for the new nurse. According to Heitzmann et al. (2020), the operational definition of simulation includes “interaction with a real or virtual object, device, or person and the opportunity to alter the flow of this interaction with the decisions and actions made by learners.” Sterner et al. also supported that perceived ability from working in an acute situation was more important than general work experiences.

Oetker-Black and Davis (2018) noted that nurses providing care to sicker patients outside of the critical care area, nurses including new-to-practice nurses, are often faced with patient emergencies. They should be able to recognize when a patient needs help and should not be “practicing” skills during these events but should receive education through effective training. Spitzer et al. (2019) affirmed that specific Code Blue education using simulation, lecture, and computer-based training improved compression rates and communication outcomes. While understanding the purpose and roles of BLS and Advanced Cardiac Life Support (ACLS) is important, the new nurse must understand the team function, organization, communication, and leadership skills (Spitzer et al. 2019).

Evidence obtained through the literature review reinforces the need for a focused education program to increase their knowledge and self-efficacy of the nurses’ roles and responsibilities during a patient emergency, as well as those of the team and the dynamics that come into play during the emergency response.

Staff Education Project Development

Based on feedback from the Code Blue Committee leadership and the gap analysis of the literature, participants included in this project are registered nurses with less than 1 year of experience. A focused educational intervention was designed incorporating an emergency preparedness presentation. This focused educational program intervention was included in the nurses' onboarding education program and provided an overview of the roles and responsibilities of the clinical team during a patient emergency event, review of emergency equipment, emergency medications, recognition of cardiac rhythms, and debriefing process. The educational format included guided lectures, PowerPoint presentations, hands-on/simulation, and roleplay. This presentation aimed to improve the knowledge and overall self-efficacy of new nurses as they encounter these patient emergency scenarios. A pre-evaluation and post-evaluation survey (pre/post-test design instrument), in which the participants provided their consent, was used to measure self-efficacy using the Development and Psychometric Evaluation of the Resuscitation Self-Efficacy Scale (Roh et al., 2012).

A Likert scale 17-item questionnaire instrument, The Development and Psychometric Evaluation of the Resuscitation Self-Efficacy Scale (see Appendix A), developed by Roh et al. (2012), was utilized in both the pre-evaluation and post-evaluation of the education intervention programs to understand the participants' confidence level. Participants received the pre-evaluation survey via a QR code (see Appendix B) before the start of the education intervention. The education intervention provided an overview of the roles and responsibilities of the clinical team during a patient emergency event, review of emergency equipment, emergency medications, recognition

of cardiac rhythms, and debriefing process. The educational format included a guided lecture, PowerPoint presentation, hands-on/simulation, and roleplay. After completing the education intervention, the participants received the post-evaluation survey via QR code (see Appendix C).

Results

Results from the focused education revealed there was a significant improvement in self-efficacy amongst the four participants. Use of the 17-item pre- and post-evaluation survey utilizing a 5-point Likert scale (1 = *least confident* to 5 = *very confident*) allowed the participants to accurately reflect on their current knowledge and self-efficacy as it related to a patient emergency response, including recognition, debriefing, and recording, responding, rescuing, and recording both pre-education session and post-education session. Significant improvement of in self-efficacy amongst the four participants with a mean standard deviation of 49.5 for pre-intervention and mean standard deviation of 79.0 for post-intervention.

Self-efficacy scores were summed for each time point (pre- and post-intervention). Descriptive statistics including mean, standard deviation, median, minimum, and maximum were calculated for summed efficacy scores by time. A paired *t* test was conducted comparing self-efficacy scores pre- and post-intervention. Significance was set at the 0.05 level. All analyses and visualizations were conducted using the data analysis software R (Version 4.3.3).

Limitations for this project included the number of participants who participated in the educational intervention. The participants included nurses with less than 1 year of experience, which limited the eligibility of who could participate in the educational

intervention. Additionally, this educational intervention took place at one site and only included participants from the identified site. Opportunities include opening the educational intervention to other participants within the network to allow for increased participation.

Additional limitations included convenience sampling and a low survey response rate. The results of this project may not fully represent the intervention utilized to enhance self-efficacy in emergency management in new-to-practice nurses, and the generalizability of the findings may be limited. Ongoing assessment needs to be considered, and more participants must be included in evaluating the effect of an educational program on the new-to-practice nurses' level of self-efficacy in patient resuscitation during a clinical emergency.

Conclusions

Self-efficacy scores were significantly higher after the educational intervention, compared to before the intervention. The results of this project support the education of a new to-practice nurse to improve knowledge and self-efficacy in emergency management of their patients.

As the nursing workforce continues to evolve with new-to-practice nurses entering the field at a rapid pace, streamlining and tailoring the education intervention to improve knowledge and overall confidence of the nurse in the care they provide is imperative to the patient's outcome in the hospital setting as well as the nurses' satisfaction in their role, thus sustainment of the nursing profession.

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Appendix A
Resuscitation Self-Efficacy Scale Instrument

Resuscitation self-efficacy is defined as a judgment of the perceived capability to organize and execute the care process during resuscitation. Read each statement and then select the response that best indicates your level of agreement.

Item	1 Least confident	2	3 Neutral	4	5 Very confident
Recognition					
1. Demonstrates correct measurement, interpretation and documentation of vital signs	1	2	3	4	5
2. Initiates relevant patient monitoring (electrocardiogram, pulse oximeter)	1	2	3	4	5
3. Recognizes signs and symptoms of a critical event	1	2	3	4	5
4. Demonstrates a focused assessment following the ABC (Airway, Breathing, Circulation) principles	1	2	3	4	5
Debriefing and recording					
5. Performs debriefing or problem-solving after the event	1	2	3	4	5
6. Completes quality improvement documentation	1	2	3	4	5
7. Demonstrates staying calm and focusing on required tasks	1	2	3	4	5
8. Performs reassessment or re-evaluation	1	2	3	4	5
Responding and rescuing					
9. Performs cardiopulmonary resuscitation according to resuscitation algorithm	1	2	3	4	5
10. Demonstrates effective chest compressions (hand placement, depth, speed)	1	2	3	4	5
11. Demonstrates effective bag valve mask ventilations (volume, minute volume, pressure, etc.)	1	2	3	4	5
12. Demonstrates correct management of defibrillator	1	2	3	4	5
13. Explains clinical findings and critical lab values	1	2	3	4	5
Reporting					
14. Provides appropriate messages and information to resuscitation team member	1	2	3	4	5
15. Utilizes resources and external experts	1	2	3	4	5
16. Demonstrates use of appropriate means of communication according to the hospital's policy	1	2	3	4	5
17. Understands when to call for help	1	2	3	4	5

Note. From "Development and Psychometric Evaluation of the Resuscitation Self-Efficacy Scale for Nurses," by Y. S. Roh, S. B. Issenberg, H. S. Chung, and S. S. Kim, 2012, *Journal of Korean Academy of Nursing*, *42*(7), pp. 1080–1087 (https://doi.org/10.4040/jkan.2012.42.7.1079) (Public Domain)

Appendix B

Pre-Survey QR Code Link

Survey title: "**Resuscitation Self-efficacy Scale**"

A Survey Access Code and a QR Code both allow respondents to begin a survey on another computer or device without someone having to email them an invitation. This is especially useful if the respondent is currently nearby or if you will be sending the survey invitation to a physical mailing address (i.e. 'snail mail'). You may click the Print button at the bottom if you wish to print out the instructions for the respondent.

Enter the Survey Access Code

To allow a respondent to begin this survey, have them navigate to the URL below and enter the survey access code. The code is permanent and will never change. (Note: The web address is the same for all projects and surveys, so you may bookmark the address on a computer or device to quickly return to it multiple times.)

1.) Go to this web address:

https://redcap. .org/redcap/surveys/

2.) Then enter this code:

RPKAP33

OR

Generate Short Code

Alternatively, you may generate a shorter, temporary code that will expire after only one use or after one hour has passed.

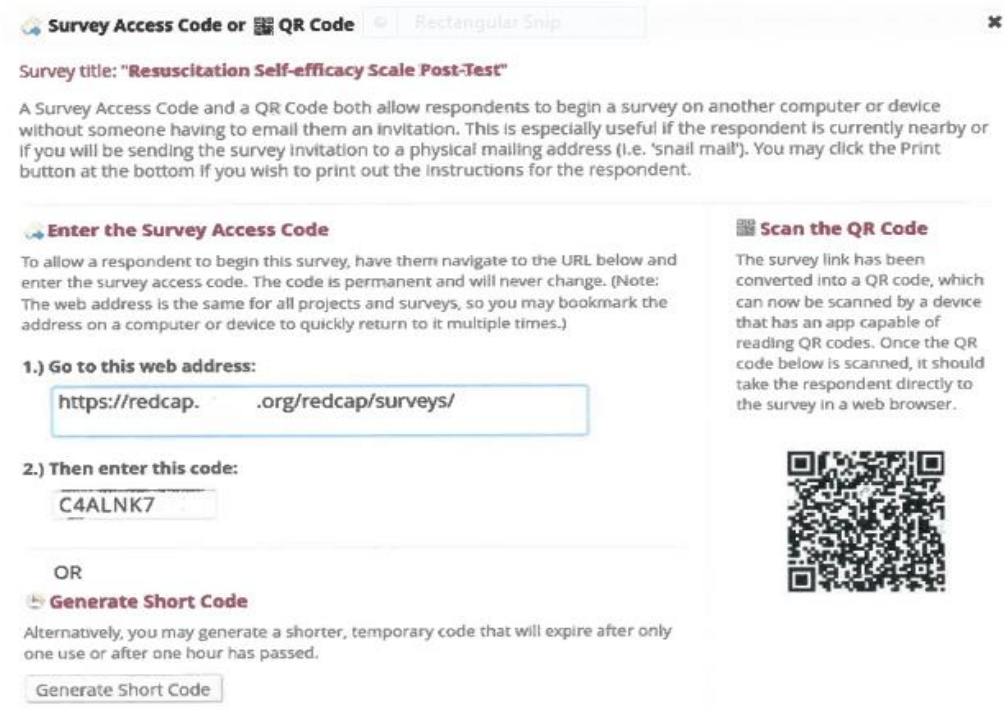
Generate Short Code

Scan the QR Code

The survey link has been converted into a QR code, which can now be scanned by a device that has an app capable of reading QR codes. Once the QR code below is scanned, it should take the respondent directly to the survey in a web browser.

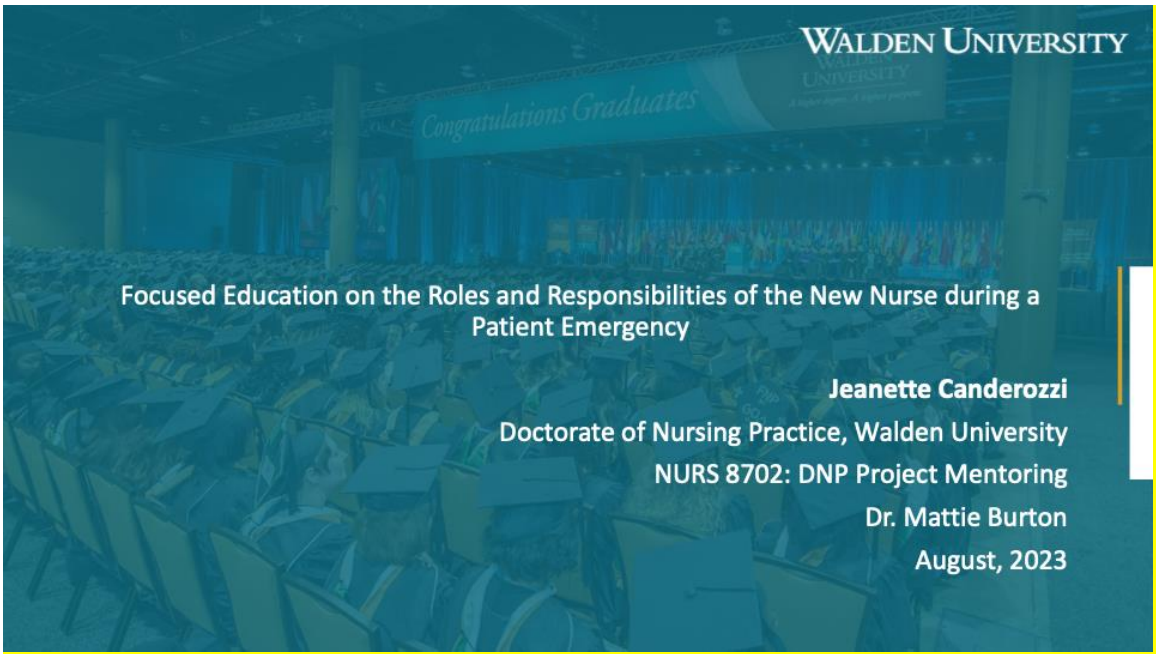
Appendix C

Post-Survey QR Code Link



Appendix D

Education Intervention



Program Objectives

Objectives

- Improve understanding of the roles and responsibilities of each team member during a patient emergency event
- Improve the RN's comfort in the management of the emergency equipment during the patient emergency event
- Understand the expectations of the Primary RN during the patient emergency event
- Improve the comfort level and confidence of the primary nurse by:
  - Understanding of lifesaving interventions
  - the management of the emergency by the Primary RN role

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Team Roles and Responsibilities

Team Roles and Responsibilities

- Team Leader

  Physician Hospitalist or ED physician (It can be the Primary, Critical Care or Emergency RN until the Physician arrives), manages and provide the direction to the team regarding medication and interventions

- Intubation Team

  Respiratory therapist or Physician (Anesthesiologist, Hospitalist or Emergency Physician) will insert advanced airway

- Medication Nurse

  ACLS Certified RN administers all necessary medications to patient

- Defibrillator/AED Operator (if available)

  Will monitor cardiac rhythm

- Recorder

  ACLS certified RN Responsible for documenting intervention (paper and/or EPIC Code Narrator) during patient emergency event, timekeeper to communicate medication administration at appropriate intervals.

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Roles Continued

- Primary RN
  - Performs the Initial assessment, assess for responsiveness
  - Initiates RRT/Code Blue, starts CPR
  - Communicates to the immediate nursing team regarding patient status
  - Delegates to other team members to retrieve emergency equipment and patient record
  - Remains with the patient at the bedside to inform the emergency team of the situation: patient's history, current medications, events prior to the emergency and any pertinent information concerning the patient, chart and MAK are at bedside

- Secondary RN
  - Alternates with primary nurse with CPR until other team members arrive
  - Applies defibrillator monitor and pads, assesses for IV patency and will insert additional if necessary

- Ancillary Team
  - Will bring additional equipment including BP machine, EKG machine, set up suction, Code Cart access, additional IV machine if needed. Check vital signs, perform glucose check, remove any unnecessary furniture. If semi-private room-possibly remove the other patient/visitors.

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Patient Emergency Time Sensitive Factors

Recognize the patient emergency/arrest…*something is not right with the patient*

Initiate CPR if needed & call for help…*get team support*

Understand evolution of events and any events leading up to arrest…*will need to communicate with the emergency team*

Most recent medications…*know what the patient is on and what was recently administered*

Recent vital signs…*review last set of vital signs, Early Warning Score (EWS).*

Record the Time of:

- *Time of collapse/ arrest*
- *Arrival of Code Team*
- *CPR initiation*
- *First defibrillation*

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Delegation

The registered professional nurse is responsible for the nature and quality of all nursing care including the assessment of the nursing needs, the plan of nursing care, the implementation, and the monitoring and evaluation of the plan. The registered professional nurse may delegate selected nursing tasks in the implementation of the nursing regimen to licensed practical nurses and ancillary nursing personnel. Ancillary nursing personnel shall include but not be limited to: aides, assistants, attendants and technicians.

The New Jersey Board of Nursing, *Subchapter 6* 13:37-6.2 DELEGATION OF SELECTED NURSING TASKS

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Delegation

Delegation by the Primary RN of a specific task during a patient emergency

Designated Role

- Chest Compressions (begin/alternate/resume)
- Recorder (EPIC Code Narrator/Paper Documentation)
- Airway Management (Ambu bag)
- Medication Nurse (Code Cart top drawer)

Additional delegation of tasks by the RN during a patient emergency.

- Retrieval of equipment: Code Cart, EKG Machine, BP machine
- Bring the patient's Chart to the bedside
- Bring MAK cart with patient's record pulled up to the bedside
- Bring the Glucometer-take patient's glucose

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Communication

Use clear, closed loop communication during a patient emergency with the Code Team. Ensure one person is speaking at a time, limit cross talk. Perform crowd control-Limit the number of team members at the bedside to decrease confusion.

SBAR

Situation- a concise statement of the problem- **current situation**

Background- pertinent, concise information related to the situation- **what happened just prior to the emergency**

Assessment- analysis and considerations of the event - **what you found/think**

Recommendation- action requested/recommended - **what would you like to happen**

Patient Status

Code Status

Full Code, Do Not Resuscitate/Do Not Intubate (DNR/DNI)

- Order in EMR by the admitting Physician
- Check in the patient's record
- Communicate as soon as possible during the patient emergency

Physician Orders for Life Sustaining Treatment POLST

- Find existing POLST in EMR
  - Clinical Summary tab
  - Adv Dir/ POLST tab
- Identified on the patient's chart Green tape "POLST"

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Understanding Rapid Response

What is the Rapid Response Process used for?

If a patient demonstrates signs of clinical deterioration, a Rapid Response (RRT) is called to bring a team to the bedside to assess and treat the patient with the goal of preventing intensive care unit transfer, cardiac arrest, or death.

Who can call an RRT?

Anyone on the healthcare team, patient or family member

Examples of when an RRT is called:

- The staff is concerned about the patient's condition
- An acute change in the patients O2 sat, Systolic BP, Heart Rate, urinary output or respirations
- A change in mental status
- Onset of Chest Pain
- Lack of response to treatment with clinical deterioration

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Common Emergencies

EWS >/= 8 as calculated in EPIC EHR

Code SEPSIS

Stroke/Neurological Event: Code STROKE

- **B**alance – sudden onset of dizziness
- **E**yes – sudden onset of blurred or loss of vision
- **F**ace – sudden onset of facial droop
- **A**rm or leg – sudden weakness
- **S**peech – sudden onset of slurred speech or aphasia
- **T**ime – is brain! 2 million brain cells a minute are lost in stroke!
- **Identify time last known well/normal**

Call a Code Stroke! ED – hit the button Inpatient - dial 7777

Cardiac Event/Arrest: Code STEMI

EKG within 10 minutes

Call transfer center

STEMI kit for medications

- Aspirin 81mg – 4 tablets
- Ticagrelor (Brilinta) 90 mg – 2 tablets
- Metoprolol 25 mg – 2 tablets
- Heparin 5000 units – 1 vial
- Heparin 25000 units/250 mL – 1 bag
- Nitroglycerin 0.4mg tabs
- TNKase 50 mg – 1 kit (ER, CCU, Mancini)
- Nitroglycerin 50 mg/250 mL bottle (ER, CCU, Mancini)

TNK

PCI

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Top of Cart:

Defibrillator & pads & electrodes, IV pressure bag

Intubation / Respiratory Box

Code Binder with Code Flowsheets/ resources

Locked Drawers:

*Top Drawer First line Drugs – supplied by pharmacy

IV fluids and tubing (See Inventory form)

Supplies

IV start kits, angiocaths, syringes, flushes
Respiratory supplies, nasal canula, oral and nasal airway, suction devices, NGT, flowmeters

Equipment:

Suction canisters and tubing, PPE, Triple lumen tray

Code Cart Top Drawer: First Line Medication

Sides of Cart:

- Sharps container
- O2 tank
- Ambu bag
- IV pole

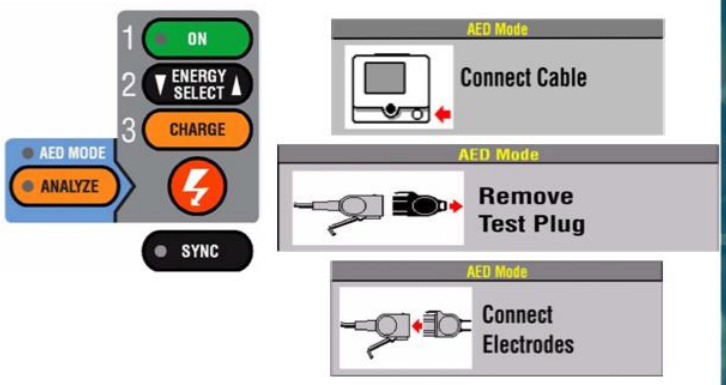
Back of Cart:

Back board for CPR

Emergency Code Cart Inventory Form


LIFEPAK 20e
Connect Electrodes
1
2
3
ON
ANALYZE
PRINT
CODE SUMMARY
EVENT
Speed Dial

AED


1
ON
2
ENERGY SELECT
3
CHARGE
AED MODE
ANALYZE
SYNC

AED Mode
Connect Cable

AED Mode
Remove
Test Plug

AED Mode
Connect
Electrodes

Steps of the Code Process

Step I: Initiating the Code

- Initial Assessment of the Patient
  - Upon assessment and determination of level of consciousness and responsiveness: Call for RRT/Code Blue
- Initiation of cardiopulmonary resuscitation (CPR)
  - Begin CPR: push hard (at least 2 inches) and fast (100-120/min) allowing complete chest recoil
- Obtaining emergency equipment –delegate to the team
  - Place patient on backboard
  - Administer oxygen via ambu-bag (If no advanced airway 30:2 compression-ventilation ratio)
  - Attach monitor/defibrillator pads – check rhythm

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Steps of the Code Process

Step II: Medications & Defibrillation

- Begins when code team arrives
  - Initiation of ACLS protocols and evaluation of patient response to therapy
  - Each team member has a specific role in the RRT/code
    - Primary RN
    - Secondary Nurse
    - Team Leader
    - Defibrillator Operator
    - Recorder
    - Intubation team
    - Medication Nurse / IV Nurse

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Steps of the Code Process

Step III: Post ACLS process

- Begins after initial ACLS measures have been instituted and effectiveness evaluated
- Continuation of patient evaluation
- Efforts focus on:
  - Maintaining stability of patient condition until transport to higher level of care
  - Continuation of strategies to restore function
  - Decision to terminate RRT / code if patient is not responding

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Steps of the Code Process

Step III: Post ACLS process

- Begins after initial ACLS measures have been instituted and effectiveness evaluated
- Continuation of patient evaluation
- Efforts focus on:
  - Maintaining stability of patient condition until transport to higher level of care
  - Continuation of strategies to restore function
  - Decision to terminate RRT / code if patient is not responding

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Debrief post Code

Debriefing post patient emergency is completed with the entire Code team and beneficial in recognizing strengths, opportunities and barriers for future code management.

- Improving Patient Care
- Enhance Communication
- Facilitate Teamwork
- Decompress

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Resources

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