

PEDIATRIC/NEONATAL CODE BLUE and RAPID RESPONSE 5 minute TEAM DEBRIEFING GUIDE

Goal: Debrief completed after all emergency responses. Also debrief situations that 1) are outside the norm or offer an opportunity to identify system improvements. Any staff member may call for a debriefing. **Hospitalist** leads on acute care units; **PICU/CV Attending** leads in ICU's

Date/time: _____ Patient name and MRN _____

Code Blue: Neonatal Pediatric Adult OR Rapid Response Call ECMO Call VAD call Pediatric Stroke call

Thinking about team performance in this emergency event:

Identify what went easily (check all that apply):

- Communications were closed-loop, clear and heard; reports were in SBAR format
- Everyone knew what the emergency was (shared mental model)
- Team Leader was identified; leadership was clear; TL did not perform a task
- R-series ETCO2 and CPR feedback used to determine compression effectiveness and Return of Spontaneous Circulation (ROSC) by CPR Monitor

Comments: _____

Identify what was challenging?

- Communication issues
- Members on the team were not aware of what was going on (No Situational Awareness)
- There was no clear leadership (ONE Clear team Leader)
- No Crowd Control provided by Event manager and/or Charge Nurse
- Deviations from PALS /ACLS/ NRP algorithms (Explain)
- Compressor was not replaced every 2 minutes, No CPR Monitor Role
- Delay in obtaining access (Explain)
- Barriers that made it challenging (Explain what team thinks can be done to decrease barriers?)

Comments: _____

Thinking about this pediatric/neonatal emergency, identify system issues that need improvement (Check all that apply)

- Operator or Pager Issues
- Equipment issues
- Medications issues
- Crowd Control Issues
- Delays in transporting the patient (within the hospital)
- Push back to make the RRT call
- If RRT could have been called earlier

Comments: _____

Code Roles in an emergency

- Event Manager assigned code roles; Ensured key members have armbands on upper arms; Assisted with Crowd Control; Collected armbands to be returned to Defibrillator paddles; brought immediate together to conduct this "hot" debrief
- Primary RN stayed at bedside, performed ABC's; available for communication
- Recorder documented and prompted TL on algorithm
- CPR Monitor placed pads, prompted TL on 2 min. rhythm checks, Zoll CPR feedback; ETCO2; rotated compressors
- Team Leader checked and signed Code Record and participated in debrief
- Pharmacist announced arrival; given a table to work; established who was TL; provided the weight and algorithm being followed and offered Broselow Tape if no weight available
- Hospitalist at code cart and manage defibrillator; applying pads immediately; notifying TL when shock required

Briefly describe: _____

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