

PEDIATRIC CODE BLUE and RAPID RESPONSE 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.

Date/time/Debrief Leader: _____ Patient name and MRN _____

1. Pick a quiet or isolated space away from the family; Thank people for being there and encourage participation
2. **State:** The purpose of debriefing is for education, quality improvement and emotional processing. Participation is key for success.
3. **State:** This debriefing will last for no more than 15 minutes. You are welcome to leave anytime if something urgent comes up.

Code Blue: Neonatal Pediatric Adult OR Rapid Response Call ECMO 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; Team Leader did not perform a task
- CPR Coach led BLS triangle, looked at ETCO₂, diastolic blood pressure or arterial line and defibrillator pad placement

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 algorithms (Explain)
- Compressor was not switched every 2 minutes, No CPR Coach 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 emergency, identify system issues that need improvement (Check all that apply)

- Voalte, Operator or Pager Issues
- Equipment issues (not available, lack of awareness, malfunction)
- Medications issues (delayed administration, time to Epi was ___ min), Omnicell issue, staff not comfortable, no independent double check
- Crowd Control Issues- blocking the door, too many spectators
- Delays in identify as high risk, hot spot or in transporting the patient (within the hospital)
- Push back to make the RRT call, code or ICU alert, If could have been called earlier

Comments: _____

Code Roles in an emergency

- Team Leader and **Nursing Lead** (charter) assigned roles, managed crowd, were able to function as "Doc Squad"
- Charter documented and prompted TL on algorithm
- CPR Coach led pad placement, prompted TL on 2 min rhythm checks, CPR feedback; ETCO₂; rotated compressors
- Pharmacist announced arrival; given a table to work; established who was TL; provided the weight and algorithm being followed
- ***

Briefly describe: _____

Requests for counseling support contact Michael Fogas or Scott Lee (Staff Chaplains) or the Employee Assistance Program by calling: 1-800-869-0276 or visit their website: <https://espyr.com/sign-in/>. (password= childrens).

1. Members present at debrief (please circle or highlight)

APP	Chaplain	Charge Nurse
Child Life	Critical Care Attending	Documenting Nurse
PCT	Pharmacist	Physician Team Lead
Primary Nurse	Respiratory Therapist	Social Worker
Other		

2. Facilitator Name: