

# Greater New Orleans Surgery Center

## CARDIOPULMONARY ARREST (CODE) AND CERTIFICATION

Page 1 of 2

Reviewed: August 1, 2001

08/01/2003, 05/01/2009

Implemented: August 1, 2001

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**SUBJECT:** Cardiopulmonary arrest (CODE) and certification.

**PURPOSE:** To provide cardiopulmonary assistance to patient in Cardiopulmonary arrest.

**SCOPE:** All personnel.

**POLICY:** All nursing personnel must have current CPR certification through the American Red Cross or American Heart Association or approved provider. It is the responsibility of each individual to keep his/her certification current.

It is the policy of the facility to initiate the following in the event of a cardiopulmonary arrest:

**A. Equipment:**

1. Crash Cart with necessary equipment for adults and pediatric patients.
2. Portable oxygen tank attached to Crash Cart.

**B. Resuscitative team:**

1. Anesthesiologist and/or attending surgeon
2. Clinical Manager.
3. Staff RN(s) or LPN(s)

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**INITIAL DUTIES:**

**A. Business Office:** Upon notification of a CODE, the receiver of the call will immediately:

1. Page CODE BLUE and name the area three times using the 2-way radio and telephone page system.
2. Keep all telephone lines clear.
3. Be prepared to notify EMS (911) when told to do so.
4. Immediately after hearing CODE BLUE paged, an available person in the Business Office is to go immediately to the telephone nearest the CODE to make all calls as directed by the CODE team.

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DUTIES: . assigned person

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## CARDIOPULMONARY ARREST (CODE) AND CERTIFICATION

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5. Announce **CODE CLEAR** when so notified.

B. When **CODE** is announced:

1. All available O/R staff, **Clinical Manager** and anesthesiologist will report to the area.
2. **Clinical Manager**, recovery room nurse or first RN arriving will initiate CPR and one ACLS certified nurse will direct the CODE until an anesthesiologist or physician arrives.
3. First person passing CODE CART with oxygen tank brings it to the site.
4. All other persons responding to the site will assist as directed and/or return to their areas and await further instructions. (To include calling "911" (EMS), patient's family and/or physician, if not present.)

C. PACU/Pre-Op:

1. Push Emergency button at head of cubicle and verbally call out for help.
2. Initiate CPR procedure.
3. Turn off button when adequate help is obtained.
4. As soon as possible, enter into the emergency paging system.

D. Non-patient areas:

1. Verbally call out for help.
2. If so trained, initiate CPR.
3. As soon as possible, enter into the Center paging system.

E. Operating Room:

1. Push BLUE square button.
2. Initiate CPR.
3. As soon as possible, enter into emergency paging system.

Initiate CPR as trained and when needed follow Defibrillation Procedure on Lifepak 20 defibrillator.

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5. Immediately after hearing **CODE BLUE** paged, an assigned person in the Business Office is to go immediately to the telephone nearest the CODE to make all calls as directed by the CODE team.¶

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Page 3 of 10¶  
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Comment [PAN1]: Contradictory to previous stmt

Comment [PAN2]: Duplicate stmt

Deleted: **PROCEDURE:** Cardiopulmonary resuscitation:¶  
¶  
A. **As soon as a CODE situation is found, depress page button on the telephone and announce CODE BLUE and the location.**¶  
¶  
B. Evaluate patient's condition.¶  
¶  
1. Check for consciousness. Shake and ask "Are you O.K.?"¶  
2. Open airway and assess respirations.¶  
3. Check for pulse using carotid artery. The presence of a carotid pulse indicates perfusion to the brain. Check both carotid pulses but NEVER at the same time. ¶  
4. If there is an absence of respirations or pulse, begin CPR.¶  
¶

Use	Where	Depress	Rate
Adults	Heel of one hand	1-1/2 to 2"	1-2 rescuers¶ with other on top 80-100/min ¶ Over lower 1/2 of sternum
Children	Heel of one hand	1 to 1-1/2"	100+/min¶ Over lower 1/2 of sternum ¶
Infants	Tips of 2 fingers	Nipple line	1/2 to 1" 100+/min¶ ***** ***¶
Rescuers	Ratio of compressi	(... [1]	

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# Greater New Orleans Surgery Center

## CARE OF DECEASED PATIENTS

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Reviewed: August 1, 2001

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**SUBJECT:** Care of deceased patients.

**PURPOSE:** To care for the deceased patient in an appropriate and acceptable manner is necessary before transporting from the facility.

**SCOPE:** All perioperative personnel.

**POLICY:** The staff will care for the deceased patient in an appropriate manner following procedure.

### **PROCEDURE:**

A. Prepare the body by using:

1. A 4x4 on extremities and Kling to secure the extremities.
2. Place an arm band on the right ankle with patient's name, age, sex, facility ID number and date.
3. Use Chux under patient.
4. Cover the body with a disposable sheet and place an identification label on the sheet. This label should also contain patient's name, age, sex, date and facility name.
5. Place all personal belongings in a plastic bag and put a label with patient's name, age, sex, date and facility number securely on the bag so as not to be able to open the bag.
6. The body is to be placed on a stretcher and taken to the PACU with the curtains drawn.

B. Paper work:

1. Notify physician and family of patient's death.
2. Progress Note: To be completed by physician.
3. Nurse's Note: To be completed by nurse.
4. Face Sheet: To be completed by nurse or Clinical Manager. Paperwork is then given to the receptionist in the form of a chart. When the funeral home arrives, the body will be released to them after proper identification has been made and proper paper work completed (see attached).
5. Update death log.

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# Greater New Orleans Surgery Center

## FACE SHEET

NAME OF PATIENT \_\_\_\_\_ DATE \_\_\_\_\_ SS# \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ NEXT OF KIN \_\_\_\_\_ RACE \_\_\_\_\_

NAME OF FUNERAL HOME \_\_\_\_\_

POST-MORTEM: YES \_\_\_ NO \_\_\_\_\_

BODY RELEASED TO

WITNESS

BELONGINGS RELEASE TO

WITNESS

TIME OF DEATH

PRONOUNCED BY  
(Physician)

PATIENT #

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# Greater New Orleans Surgery Center

## CODE BLUE DRILL

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Reviewed: August 1, 2001  
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Implemented: August 1, 2001

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SUBJECT: Code Blue drill.

PURPOSE: To evaluate competencies and responsiveness of the staff, to determine educational needs, and to present helpful information at the time of the Code drill.

SCOPE: All personnel of Greater New Orleans Surgery Center and physicians.

POLICY: The simulation of a cardiopulmonary arrest situation will be conducted annually.

### PROCEDURE:

A. The "mock" Code area will be selected by the Clinical Manager. He/she will take a resuscitation mannequin or individual to an empty room or patient area. Different areas will be selected each time.

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B. The Clinical Manager will announce, "Code Blue drill", following the protocol set forth in the Cardiopulmonary Arrest Code policy.

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C. The staff will assume the duties of the first, second, and other responders.

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D. The Clinical Manager will document and evaluate the performance, offer appropriate inservice, and review the crash cart with the staff.

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# Greater New Orleans Surgery Center

## CODE CART MAINTENANCE

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Reviewed: August 1, 2001  
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SUBJECT: Code cart maintenance.

PURPOSE: To ensure that the code cart/defibrillator is thoroughly stocked and in working order.

SCOPE: Preoperative nursing personnel.

POLICY: The facility will maintain a "crash cart" assembled with necessary drugs, supplies and equipment.

### PROCEDURE:

A. The code cart is checked on a daily basis, making sure the numbered lock is secure and not broken. Check:

1. For ample EKG paper and that the paper rollers functions smoothly.
2. That unit turns on.
3. The supplies are present in amounts as specified by the code cart checklist.
4. That defibrillator functions properly.
  - a. Life-pak 20 unit is connected to a live 120v outlet.
  - b. Press on button.
  - c. Open Door.
  - d. Push options.
  - e. Push User Test.
  - f. Option yes for user test.
  - g. Close door.
  - h. Automatic print out strip with date and test completion

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Deleted: Unplug press ON switch on both defibrillator and monitor

Deleted: Select 360 joules energy level, press CHARGE

Deleted: Remove Quik-Pace external cassette

Deleted: Discharge defibrillator by pushing both paddle discharge buttons simultaneously as it sits in the unit. Replace Quik-Pace

Deleted: Turn off green ON buttons on defibrillator and monitor

Deleted: Replug unit into red AC outlet

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B. The code cart is checked on a monthly basis:

1. For outdated drugs or ones which will be outdated the following month and replace outdated drugs as needed.
2. Cleaned and dusted as needed.
3. After completion of check list, the responsible person must initial, date and check done in the check list book kept on the top of the code cart.

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# Greater New Orleans Surgery Center

## CODE CART MAINTENANCE

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NOTE:

1. To ascertain the exact amount of joules delivered, a Bio-Med service technician must be called in.
2. Code cart locks are available in the pharmacy to replace those broken for monthly checks and emergencies.

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C. The code cart is checked after emergency use:

1. To replace drugs used.
2. To ensure supplies are present in amounts specified by policy on code cart.
3. After completion of check list, the responsible person must initial, date and check done in the check list book kept on the top of the code cart.

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# Greater New Orleans Surgery Center

## ELECTROCARDIOGRAM

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Reviewed: August 1, 2001

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SUBJECT: Electrocardiogram.

PURPOSE: To screen cardiac abnormalities and establish a baseline prior to anesthesia or while undergoing care in the Greater New Orleans Surgery Center.

SCOPE: All perioperative nurses.

POLICY Perioperative nurses will follow protocol in doing an electrocardiogram preoperatively, thereby establishing a baseline prior to anesthesia. Electrocardiograms may be ordered anytime preoperatively, intraoperatively or post-operatively by anesthesia or physician to screen any cardiac abnormalities.

### PROCEDURE:

- A. Explain the procedure to the patient.
- B. Have patient lie flat in bed with head of bed elevated, if necessary.
- C. Keep patient warm and comfortable.
- D. Expose arms and calves of legs and prepare the chest leads.
- E. Plug Electrocardiogram unit into power supply. Note: The patient's chest may need to be shaved.
  1. Turn power switch to ON position. ID indicator lights up.
  2. Connect all pre-gelled electrodes (limb and chest) securely in position on patient.
  3. Press 25 run/s button.
  4. Press auto print key.
  5. The printer will print out - wait 2 minutes for EKG report. Cover patient and wait for print-out of EKG. DO NOT disconnect patient from EKG leads until report is printed.
- F. If EKG needs to be redone, start with step #3.
- G. Document the patient's name, ID number, date, and doctor's name on EKG report

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# Greater New Orleans Surgery Center

## ELECTROCARDIOGRAM

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- H. The EKG machine will give an interpretation. The Anesthesiologist will review the EKG and document as such on the preanesthesia evaluation.
- I. Call Lee Medical for problems.

**Deleted:** If abnormal, have the anesthesiologist and/or patient's cardiologist review and confirm by initialing

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# Greater New Orleans Surgery Center

## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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Reviewed: August 1, 2001

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- SUBJECT:** Standards and criteria of ambulatory surgical patient care.
- PURPOSE:** To provide quality care to patients prior to surgery, intraoperatively, and postoperatively.
- SCOPE:** All personnel.
- POLICY:** Ongoing monitoring of the standards of care will be completed as evidenced by performance improvement studies, surveys, and questionnaires.
- PROCEDURE:**
- A. Standards and criteria of ambulatory surgical patient care.

### **STANDARD I**

The collection of data about the health status of the individual is systematic and continuous. The data are retrievable and communicated to appropriate persons.

#### CRITERIA

1. Preop health status data collected is relative to the planned surgical intervention and includes the following:
  - a. Current medical diagnosis and proposed treatment.
  - b. Physiological status.
  - c. Individual's understanding, perceptions, and expectations of the surgical procedure.
  - d. Previous response to illness, hospitalizations, or surgery.
  - e. Results of diagnostic studies. Surgery will not be performed on patients with the following unless otherwise addressed by physician or anesthesia:
    - 1) HCT under 26%
    - 2) K under 3.0 mEq
    - 3) K above 6 mEq
    - 4) FBS under 60 mg
    - 5) FBS above 300 mg

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# Greater New Orleans Surgery Center

## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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2. Preop health status data is collected by a variety of methods:
  - a. Preop assessment
  - b. History and Physical
  - c. Interview
  - d. Lab studies and/or EKG and/or CXR.
3. Postop health status data is obtained by physical exam, review of records, and consultation.
  - a. Initial physical assessment will include:
    - 1) Respiratory rate and competency
    - 2) Blood pressure and pulse
    - 3) Temperature
    - 4) Condition and color of skin
    - 5) Condition of dressing
    - 6) Fluid therapy
    - 7) Level of consciousness
    - 8) Level of comfort
  - b. Additional assessment shall include:
    - 1) Relevant preop status
    - 2) Anesthesia technique
    - 3) Length of anesthesia time
    - 4) Surgical procedure
    - 5) Estimated fluid loss and replacement
4. Health status data is recorded and reported.

### **STANDARD II**

Patient diagnoses are derived from health status data.

#### **CRITERIA**

1. Current health status deviations and/or problems are identified.
2. The patient diagnoses by health care professionals are congruent.
3. Patient diagnoses are recorded and communicated.

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## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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### **STANDARD III**

Goals will be derived from the patient diagnoses.

#### CRITERIA

1. There will be an absence of infection.
2. Skin integrity will be maintained.
3. There will be an absence of adverse effects due to proper use of safety measures related to positioning, extraneous objects, and chemical, physical, and electrical hazards.
4. Fluid and electrolyte balance will be maintained.
5. The patient and significant others will have a knowledge of the physiological responses to surgical intervention.

### **STANDARD IV**

The plan for patient care prescribes actions to achieve the goals.

#### CRITERIA

1. Pre-op instructions specifically related to the surgical intervention will be given.
2. The patient will be properly identified.
3. The surgical site and consent forms will be verified.
4. Lab and other diagnostic studies will be complete and documented.
5. Positioning will be done according to physiological principles.
6. Principles of asepsis will be adhered to.
5. Equipment will function properly.

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## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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8. Appropriate supplies will be available.
9. A safe environment will be provided.
10. Report will be given to appropriate personnel.
11. A care plan will be formulated in conjunction with preoperative, intraoperative, and current post-anesthetic health status assessments.
12. Discharge instructions will be given to the patient and responsible adult companion, and they will have an understanding of postoperative expectations.
13. The patient shall be discharged according to written policies of the facility and also in accordance with the criteria and data collected through the use of the nursing process.

### **STANDARD V**

The plan of care is implemented.

#### **CRITERIA**

1. Staff actions are performed and documented by means of the following:
  - a. Written records
  - b. Observation of practice
  - c. Confirmation by the patient or significant others
2. Staff actions and patient outcomes are communicated to others as appropriate.

### **STANDARD VI**

The plan for patient care is evaluated.

#### **CRITERIA**

1. The degree of goal achievement is communicated to appropriate health care personnel, the patient, and significant others.
2. The results of staff actions are documented by written records, observations of practice, and/or confirmation by the patient or significant others.

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## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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### **STANDARD VII**

The patient will be free of postoperative complications.

#### CRITERIA

1. Pain will be minimal:

Pain medication will not be required more than twice during the PACU stay.

2. Nausea and vomiting will be minimal:

Medication for control of nausea and vomiting will not be required more than twice during PACU stay.

3. The patient will suffer no adverse reactions to drugs:

- a. Drug allergies will be noted on the patient record.
- b. Drugs will be administered and recorded as ordered.
- c. Adverse reactions and side effects will be reported and investigated.

4. The patient will be free of postoperative infection.

5. The patient will be free of cough/croup postoperatively.

6. Postoperative hospitalization will not be required.

Incidents of hospitalization within 24 hours of surgery will be investigated.

B. Mechanisms for monitoring standards of patient care.

### **STANDARD I**

1. Preop assessment
2. History and physical
3. Consent
4. Interview
5. Results of lab and other studies
6. Nursing O/R record
7. Anesthesia record
8. Observation

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# Greater New Orleans Surgery Center

## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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### **STANDARD II**

Chart review

### **STANDARD III**

1. Patient Comment Card
2. Infection control report forms
3. Incident reports
4. Discharge instruction forms
5. Chart review
6. Observation

### **STANDARD IV**

1. Chart review
2. Consent
3. Incident reports
4. Autoclave monitoring
5. Preventative maintenance reports
6. Safety check sheets
7. Patient questionnaires
8. Discharge instruction sheets
9. Postoperative phone calls
10. Observation

### **STANDARD V**

1. Chart review
2. Postoperative phone calls
3. Patient questionnaires
4. Observation

### **STANDARD VI**

1. Chart review
2. Postoperative phone calls
3. Patient questionnaires
4. Observation

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## STANDARDS AND CRITERIA OF AMBULATORY SURGICAL PATIENT CARE

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### **STANDARD VI**

1. Postoperative phone calls
2. Patient questionnaires
3. Observation

### **STANDARD VII**

1. Chart review
2. Postoperative phone calls
3. Patient questionnaires
4. Observation
5. Pharmacy inspection sheets
6. Narcotic administration records
7. Adverse reaction reports

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# Greater New Orleans Surgery Center

## VISITORS

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Reviewed: August 1, 2001

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SUBJECT: Visitors.

PURPOSE: Family participation during the patient's stay helps relieve fear.

SCOPE: All personnel.

POLICY: It is the policy of the facility to encourage family participation during the patient's stay at the facility.

### PROCEDURE:

A. **PREOPERATIVE:** Family members are permitted to visit with patients in the Preoperative Area before patient leaves for the Operating Room.

#### Rationale:

1. Provides emotional support.
2. Lessens separation anxiety.
3. Provides family members with a sense of importance in patient's care.
4. Allows opportunity for teaching.

B. **POST-ANESTHESIA CARE UNIT:** As soon as patient is awake enough to recognize the family, the family members are encouraged to stay with the patient in the PACU. (Visitors in the PACU are limited, depending on the census in the PACU and the discretion of the PACU nurse.)

#### Rationale:

1. Provides emotional support.
2. Provides sense of participation in patient's care.
3. Lessens separation anxiety.
4. Helps patient realize that he/she is doing well and is on the road to recovery.
5. Lessens Center's recovery time.

D. **RULES AND REGULATIONS:**

1. For adult patients, we encourage only one member of family to be with the patient at any given time. If more than one family member present, we encourage them to take turns or the one with whom the patient feels more comfortable is encouraged to stay.
2. For pediatric patients, we encourage both parents to participate in the above phases.

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## VISITORS

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3. Visitors will be restricted if:
  - a. They do not follow nurses' directions.
  - b. The patient does not wish visitors during any/all phases.
  - c. They are disruptive.
  - d. They appear to be ill.
  - e. PACU patients' privacy may be compromised by visitor presence.
  - f. PACU space is limited and safety of patients may be compromised.

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PROCEDURE: Cardiopulmonary resuscitation:

- A. As soon as a CODE situation is found, depress page button on the telephone and announce **CODE BLUE** and the location<sup>[PAN1]</sup>.
- B. Evaluate patient's condition.
  - 1. Check for consciousness. Shake and ask "Are you O.K.?"
  - 2. Open airway and assess respirations.
  - 3. Check for pulse using carotid artery. The presence of a carotid pulse indicates perfusion to the brain. Check both carotid pulses but NEVER at the same time.
  - 4. If there is an absence of respirations or pulse, begin CPR.

Use	Where	Depress	Rate
Adults	Heel of one hand with other on top Over lower 1/2 of sternum	1-1/2 to 2"	1-2 rescuers 80-100/min

Children	Heel of one hand Over lower 1/2 of sternum	1 to 1-1/2"	100/min
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Infants	Tips of 2 fingers Nipple line	1/2 to 1"	100+/min
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Rescuers	Ratio of compressions to breaths.	Rate of compressions
One	15:2	80-100/min
Two on adult	5:1	80-100/min
1-2 on child	5:1	100/min
Infant	5:1	100+/min

- C. The first person passing the Emergency CODE Cart takes it to the CODE location.<sup>[PAN2]</sup>
- D. On arrival of the CODE cart and CODE team:

CARDIOPULMONARY ARREST (CODE) AND CERTIFICATION

1. Nurse #1 begins CPR by establishing an airway and giving two quick breaths to ventilate patient, then directs CODE activities until the physician arrives and/or delegates this responsibility to another nurse.
2. Nurse #2 assists Nurse #1 with resuscitation.
  - a. Bring CODE cart to scene.
  - b. Place cardiac board under patient.
  - c. Place on monitor. Place electrodes on the patient's chest and determine cardiac status and pulse status, obtain a rhythm strip.
  - d. Set up endotracheal tube with guide, lubricant, 10 cc syringe and laryngoscope.
  - e. Set up oxygen and suction equipment.
3. Nurse #3 starts an IV with 500 cc D5LR, prepares to give drugs.
4. Nurse #4 draws up medications to be given IV.
5. Nurse #5 assumes responsibility for recording events.

NOTE: The above nurses may switch places at any time as long as CPR is uninterrupted and the switch is communicated and carried out effectively.

(A precordial thump may be used as the first step in CPR on a monitored patient only.)

If the anesthesiologist or MD is not present, the ACLS RN responds and directs the CODE until the anesthesiologist or physician arrives.

E. Physio Control Lifepak 7 & 8 Monitor Defibrillators:

1. Monitoring with paddle pickup
  - a. Depress "1 Power" switch.
  - b. LEAD SELECT SWITCH: Set the LEAD SELECT SWITCH to the PADDLE position. This connects the monitor scope input to the defibrillator paddle electrodes for EKG pickup.
  - c. PLACE PADDLES: Apply conductive gel to paddles, keeping hands and paddle handles free of gel. Firmly place the defibrillator paddle electrodes on the patient's chest with the sternum paddle on the patient's right upper chest and the apex paddle to the left side. Observe the patient's electrocardiogram on the monitor scope. The scope trace, intensity, gain and positioning is automatically adjusted.

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- d. **EKG SIZE CONTROL:** Observe cardioscope to determine patient's rhythm. The "EKG Size" control may need to be adjusted if "R" wave is not clearly visible on cardioscope.
2. Monitoring with patient cable:

- a. **ATTACH ELECTRODES:** Connect each lead of the patient cable to a disposable electrode. Arrange the electrodes on the patient in a standard Lead II configuration as shown in the following graph:

<u>LEAD</u>	<u>LOCATION</u>
-------------	-----------------

Black	Left midclavicular line below clavicle.
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White	Right midclavicular line below clavicle.
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Red	6th or 7th intercostal space on left midclavicular line.
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- b. **CLEARANCE FOR DEFIBRILLATION:** When attaching electrodes to the patient, make sure that they are positioned to allow room for the defibrillator paddles if defibrillation becomes necessary.
- c. **CONNECT CABLE TO MONITOR SCOPE:** Insert the patient cable plug into the EKG CABLE input receptacle on the monitor scope.
- d. **SELECT LEAD SETTING:** Select the proper switch setting for the desired lead configuration. Rotate the lead select switch to the appropriate position I, II, III corresponding to the desired configuration.
- e. **TURN ON POWER:** Depress "Power 1" switch - adjust "EKG Size". The scope pattern height is determined by the switch setting. Begin with "EKG Size" fully counter-clockwise.  
  
Turn "QRS Volume" to approximately 10 o'clock position. Turn "EKG Size" clockwise until beeper and QRS indicator coincide with each "R" wave - then turn "EKG Size" slightly further clockwise. Adjust QRS to volume as desired.
- f. **PERMANENT EKG RECORDING:** To record the EKG tape appearing on the monitor scope, turn on the recorder switch on the front panel. To stop the recorder, move the switch to the OFF

position. If the motor is stalled by a paper jam or other problem, turn off the chart recorder power. Clear the problem, re-thread the chart paper and check for proper operation. Special electronic circuitry shuts down the power supply to the chart motor when a stall occurs. The circuit must be reset after such occurrence by turning the chart recorder power off, then on again.

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- g. The Lifepak 8 Monitors scope cannot be removed from the defibrillator.

FOR FURTHER INFORMATION ON THE LIFEPAK 7 & 8 MONITOR/DEFIBRILLATOR RECORDERS, REFER TO THE COMPANY MANUAL LOCATED IN THE TOP DRAWER OF THE CRASH CART AND IN THE MAINTENANCE FILES IN PURCHASING.

#### F. External Defibrillation:

##### 1. Equipment:

- a. Defibrillator - MRL Monitor-Defibrillator-Recorder.
- b. Electrode paste or jelly.
- c. Crash cart.
- d. Emergency drugs.

##### 2. Anterior/anterior paddle defibrillation:

- a. **SELECT ELECTRODES:** Two sizes of paddle electrodes are available for the defibrillator paddles. To change to pediatric paddles, slip pediatric paddles onto the adult paddles.
- b. **PREPARE ELECTRODES:** Apply an adequate amount of electrode gel to the center of one paddle electrode. Lightly press both paddle electrodes together and spread the gel evenly over both paddle surfaces.
- c. Turn defibrillator power on by depressing "1 Power" button. Button will illuminate.
- d. **SELECT ENERGY LEVEL:** Rotate the 2 Energy Select switch knob to the 5-10-20-30-50-100-200-300-360 joules position corresponding to the desired energy level.
- e. Depress and release #3 Change button on defibrillator front panel or on "Apex" paddle.

- f. POSITION PADDLES: Place the sternum paddle firmly against the patient's chest over the right atrial area; place the apex paddle over the cardiac apex or on the lower left chest.

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- g. When the "3 Charge" button and Charge indicators stop flashing and flow steadily with the paddles in proper position, remove quickpac on life pack 8 if asystole, CLEAR ALL PERSONNEL (including operator) FROM PATIENT CONTACT. Press the black button on each defibrillator paddle simultaneously.
- h. ADDITIONAL COUNTERSHOCKS: For additional counter shocks, repeat the steps.
- i. OBSERVING PATIENT WAVE FORMS: Check the effect of the counter shocks by observing the patient heart waveform on the monitor scope. See "Patient monitoring".

### G. Pacing Procedure - Lifepak 8 only:

1. Monitor and defibrillator must be joined to allow initiation of pacing.
2. Non-demand (fixed pacing):
  - a. Push defibrillator 1 "ON". Monitor will power up in Lead II.
  - b. Connect EKG electrodes to patient cable and attach to patient.
  - c. Clean and dry areas over which pacing electrodes will be placed. Use Physio-Control pacing electrodes 803377 only.
  - d. Connect pacing cable to QUIK-PACE cassette.
  - e. Connect QUIK-PACE electrodes to pacing cable **matching electrode color to connector color**. Remove connector covering from each pacing electrode. Press cable plug firmly onto tab post, making sure it is seated.
  - f. Peel off protective covering from electrode to expose conductive surface. Position electrodes on patient's chest.
  - g. Select desired pacing rate via "RATE" control.
  - h. Set "CURRENT" level at minimum.

- I Select "NON-DEMAND" mode. Push button. LED and "NON-DEMAND" message will light. Heart rate will be blanked. Alarms will be deactivated.
- j. Push "START/STOP" to initiate fixed, non-demand pacing. Pushbutton will illuminate and flash off with each delivered pacing stimulus. "NON-DEMAND" message will light.
- k. Increase current slowly as you observe cardioscope for evidence of pacing capture. Palpate patient's pulse or check blood pressure to assess for perfusion.
- l. To terminate pacing, push "START/STOP" button again.
- m. Recorder, if activated in "DELAY" mode will document pacing parameters. Each pacing stimulus will be marked with a down-going arrow on the upper edge of the EKG paper.

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### 2. Demand Pacing:

- a. Follow steps "a" through "h" under Non-Demand Pacing.
- b. Push "DEMAND" button. Pushbutton will illuminate. Heart rate will be blanked. Alarms will be deactivated.
- c. If necessary, push "LEAD SELECT" to desired lead position (select lead with strongest signal).
- d. Push "EKG SIZE" arrow up or arrow down to adjust the "sense" marker on the intrinsic QRS complexes.
- e. Observe cardioscope. "Sense" marker should appear on each QRS. If "sense" marker is not present on QRS or appears elsewhere, adjust "EKG SIZE" control for optimal sensing. If this fails, select another lead with "LEAD SELECT" and readjust "EKG SIZE".
- f. When unit is sensing properly, activate pacing by depressing "START/STOP" button. Pushbutton LED will illuminate and flash off with each delivered pacing stimulus.
- g. Increase current slowly as you observe cardioscope for evidence of pacing capture. Palpate patient's pulse or check blood pressure to assess for perfusion.
- h. Recorder, if activated in "DELAY" mode, will document pacing parameters. Each pacing stimulus will be marked with a down going arrow on the upper edge of the EKG paper.
- i. To terminate pacing, push "START/STOP" button again.

**NOTE:** To remove pacing electrodes from skin, slowly peel from edge.

FOR FURTHER INFORMATION ON THE LIFEPAK 8 MONITOR/DEFIBRILLATOR RECORDER, REFER TO THE COMPANY MANUAL LOCATED IN THE TOP DRAWER OF THE CRASH CART AND IN THE MAINTENANCE FILES IN PURCHASING.

H EKG monitoring during pacing.

1. Monitoring must be done through EKG electrodes and the patient cable rather than through the paddles. During pacing, the cardioscope of the Lifepak 8 monitor will display pacer spikes followed by a resultant QRS complexes. The recorder in "DELAY" mode will display the same, as well as annotating pacing information and pacing marker down going arrow at the top margin of the paper, identifying delivered pacer impulses. Monitoring or recording from systems other than the Lifepak 8 monitor may be difficult due to the large offsets produced by pacing currents.
2. The following information may be useful in obtaining the best EKG display possible.
  - a. Use patient cable 09-10417-00 or 09-10418-02.

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- b. Apply EKG electrodes: RA to far upper right torso beneath the clavicle; LA to far upper left torso beneath the clavicle; LL to lower left torso. These locations may minimize signal artifact due to motion.
- c. Select lead I, II, or III for the most prominent QRS display.

I. Defibrillation during external pacing:

1. It is not necessary to remove the QUIK-PACE cassette from the Lifepak 8 defibrillator if defibrillation is required during pacing. Follow steps below:
  - a. Apply conductive gel to paddles.
  - b. Select energy to be delivered with 2 "ENERGY SELECT" switch.
  - c. Push and release 3 "CHARGE" button on defibrillator front panel or on "APEX" paddle. ("CHARGE" button and charge indicator will flash and numbers will "scroll up" in energy display window until energy reaches preselected level.)

When "CHARGE" button is pushed, pacing will immediately stop, and light on "START/STOP" button will go out. Selected pacing mode will remain selected; light on corresponding mode button will remain on.

**NOTE:** If "ENERGY SELECT" is changed after charge is initiated, the energy display will blank while the energy is being discharged internally. The operator must reinitiate charge by pushing 3 "CHARGE".

- d. Place defibrillator paddles **firmly** on the patient's chest. "STERNUM" paddle is generally placed near the upper sternum and slightly toward the patient's right shoulder. "APEX" paddle is placed near the cardiac apex or on the lower left chest.

It is not generally necessary to remove pacing electrodes, since positioning of defibrillator paddles differs from that of pacing electrodes. If they interfere with paddle placement, remove them.

**Do not defibrillate with paddles on pacing electrodes.**

When the energy selected is lit in the energy display window and the message "AVAILABLE ENERGY" is back-lit, the defibrillator is ready. Charge indicator will glow steadily.

**The defibrillator will not discharge while CHARGE indicator is flashing,** energy display is flashing, numbers are scrolling up or down, or while energy display is blanked or indicates zero. Recharge defibrillator if energy is required after energy display window blanks, is flashing, or returns to zero.

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- e. Discharge defibrillator by pushing both paddle discharge buttons **simultaneously**.
- f. Observe patient and cardioscope to determine results. If repeat counter shock is necessary, push 3 "CHARGE" button and repeat as above.

Evaluate patient's rhythm. If external pacing is desired, turn current to minimum and push "START/STOP" button. pacing will be initiated in the mode which was previously selected. Light on "START/STOP" button will illuminate. To change modes, push selected mode off and desired mode on prior to pushing "START/STOP" button to initiate pacing.

**NOTE:** Defibrillator will not discharge into internal test load with pacing cassette installed.

1. To dump an unwanted charge, rotate "ENERGY SELECT" control or turn off defibrillator power.

2. Do no discharge defibrillator paddles into open air or shorted together.
3. Thoroughly clean defibrillator paddles and store them in test load (storage) area.