

Rapid Response/Code Blue Team Curriculum

The management of a deteriorating patient requires a multidisciplinary approach. University Hospital has a team of nurses skilled in RRT and Code Blue (ACLS) algorithms who are paired with Department of Medicine house staff to provide such care.

Rapid Response/Code Blue Team:

Adult SWAT Nurse
Respiratory Therapist
Anesthesiologist (Code Blue Team only)
SICU Resident (Code Blue Team only)
MICU Resident
Administrative Supervisor
UPD (Code Blue Team only)
Pharmacist (Code Blue Team only)
PGY-3 Department of Medicine House Officer- Team Leader
Possible additional GME/UME Learners

I. Educational Purpose

1. Collaborate with SWAT RN to run list of "high alert patients" & those with elevated EWS Scores of 4 at shift change, 7 days a week at 0800 & 2000.
2. Round with the SWAT RN on patients of high concern and determine a Plan of Care.
3. Collaborate with SWAT RN, Medical Teams & Nursing Staff regarding patient concerns.
4. Provide a timely response and consistent approach to managing care for patients during all RRT activations, Code activations and Patient Falls, including:
 - a. Performing as Team Leader during all Code Blue/RRT/Fall events
 - b. Notifying Attending Physician of Record
 - c. Determining a post-event Plan of Care, including additional services and/or higher level of care
 - d. Writing post-event orders
 - e. Conducting post-event "huddles"/debriefing with Team Members and unit staff
 - f. Documentation (EPIC, Resuscitation Record, etc).
 - g. Notifying patient's next of kin

II. Learning Venue

- A.** Rotation Description – Learners will work exclusively at UUH DT campus under direct supervision of RRT/Code Blue SWAT Team who have a skill set that is specific to decompensating patients and those requiring BLS/ACLS. Please see the document, *An Overview of Core Residency Training*, for the rotation schedule.

Expectations of PGY-3:

- Carry RRT/Code Team pager and vocera (that will be passed between the day and night services) and respond urgently to all pages requiring a bedside assessment for all non-ICU adult patients being cared for at UUH DT campus.
- Work with the SWAT Nurses to manage RRT and Code Blue calls and calls for procedures that can be performed at the bedside (the latter will require a supervisor credentialed in said procedures at the bedside).
- Communicate with patient's primary service and HCP.
- Participate in debriefing at event end and identify areas of improvement.
- Participate in interactive didactic experiences which will include multidisciplinary classroom sessions as well as mock/simulated scenarios.

B. Teaching Methods

1. AM Conference – The day PGY-3 attends Department's Noon Conference/Noon Report Monday-Friday for didactics on internal medicine and its subspecialties. The night PGY-3 is exempt from this conference.
2. Multidisciplinary Didactics – members of the Rapid Response/Code team will participate in classroom-based education daily covering topics relevant to the management of a deteriorating/coding patient.
3. Simulated Exercises and Code/Zoll Education – every Monday AM with SWAT Nurse for incoming day PGY-3 and Sunday night for incoming night PGY-3
4. Bedside Education – members of the Rapid Response/Code team will debrief after each bedside encounter to discuss quality and safety measures to improve future performance.
5. Review Team Leader Role & Responsibilities (Dr. Stephen Knohl, Chiefs)
 - Review RRT/Code Blue Team response and documentation (Resuscitation Program Manager)
 - Review Code Cart & Zoll Defibrillator (SWAT RN)
 - Review Intraosseous Device
 - Review I-STAT (SWAT RN)
6. Participation in Scenarios/Mock Codes (SWAT RNs, Clinical Educators)
7. Vocera Training (Derek Hawkins)
8. Required Reading:
 - AHA ACLS Guidelines 2020
 - AHA GWTG- Resuscitation Program
 - Upstate's Policies/Procedures: (CM E 15) Emergency Medical Response Teams, (CM R14) Adult Rapid Response Teams, (CM F 07) Fall and Injury Prevention Program
9. Mix of Diseases and Patient Characteristics
 - This rotation has the potential to expose the MAR/MAI to all different patient and disease types.
 - Procedures: There may be opportunities to perform the following procedures only if there is a hand-off to another PGY-3 during the procedure:
 - ACLS
 - Intubation
 - Thoracocentesis
 - Paracentesis
 - Pericardiocentesis
 - Central Line Placement
 - Arterial Line Placement

Peripheral/Interosseous Line Placement
Lumbar Puncture
Nasogastric Tube
Arterial Puncture
Venipuncture

III. Method of Evaluation

Evaluations are based on the six core competencies. Each member of the team is expected to complete an electronic evaluation at the end of the rotation (to be delivered via MedHub).

IV. Rotation Specific Competency Objectives

- a. **Patient care** – see general document; specific objectives to this rotation are the management of patients requiring urgent attention, BLS/ACLS, or certain procedures (as per above)
- b. **Medical knowledge** – see general document; specific objectives to this rotation are the attainment of information and skills relevant to the decompensating/coding patient as well as the indications/contraindications of certain procedures (as per above)
Professionalism – see general document
- c. **Interpersonal and Communication skills** – see general document; specific objectives to this rotation are interactions with nursing staff supervising as supervisor and educator in the management of decompensating/coding patients, communication with providers spanning all departments involved in the care of the adult patient, and contact with health-care proxies about situations that may be more sensitive (given the nature of the service).
- d. **Practice Based Learning** – see general document
- e. **Systems Based Practice** – see general document; specific objectives to this rotation are the unique opportunity to work in a cross-specialty environment involving multiple departments and nursing staff with the goal of improving quality and safety as it relates to time-sensitive patient care. In addition, the resident will need to learn how to maneuver within the complex system of managing a patient that involves a multitude of services and under, often, sensitive circumstances.

Reviewed & Revised by: Stephen J. Knohl, MD/Ellen Anderson
Date Revised: 11/24/16, 5/3/17, 7/2023