CPR TEAM ROLES

POLICY:
Cardiopulmonary arrest patients will receive care following ACLS and BCLS protocol.

PURPOSE:
To adequately resuscitate a person in cardiopulmonary arrest through the coordinated efforts of the medical staff and the hospital personnel following an organized and practical plan.

SUPPORTIVE DATA:
1. In order to insure optimal outcome, BCLS procedures must be initiated immediately, and continue until ACLS can be started.
2. Do not allow untrained or unassigned personnel to assist.
3. Traffic must be controlled if the CPR team is to function efficiently and smoothly.
4. The crash cart must be taken to the room by nursing personnel on Medical/Surgical/Telemetry, SCC and ASC. ICU will take their cart to the CPR’s on first floor (except OR, Radiology or OB, ED) and in the basement. The PACU cart will be brought to ICU during this time.
5. All CPR’s are reviewed for process, outcome, and opportunities improvements.

ROLES:
These roles are flexible, depending on available staff and circumstances of the CPR. The ACLS team leader may reassign as needed.

UNIT PERSONNEL:
1. Establish that patient is unresponsive, apneic, pulseless. Verify CODE/DNR status.
2. Summon help by:
   a. Dial 5123 and tell switchboard operator to call the CPR team. Give patient's NAME, ROOM NUMBER, and PHYSICIAN. In ICU, PACU, and rooms with Hill-Rom call systems on Medical/Surgical/Telemetry/Peds, push the CPR button.
   b. If unable to reach phone in patient's room, push intercom and ask personnel to call CPR to switchboard operator.
   c. Shout for help.
3. Place patient in supine position. Initiate BCLS procedure, utilizing universal precautions; use crash cart backboard.
4. Note time of arrest and initiation of resuscitation and record as soon as possible.
6. When relieved by the CPR team, reassure any other patients in room. If possible, move that patient to another room. Ask visitors to leave room.
7. Remove all excess furniture from the room.
8. Assemble oxygen equipment from crash cart and insert into oxygen outlet. You will need a flow meter and tubing to connect to amбу bag.
9. Consult with team leader concerning notification of relatives and clergy. Social Services will do this if in the building, during off-shift Associate Director can initiate contact with relatives and clergy.
10. Assist the team in the control of traffic.
11. Record the activities of CPR if assigned.
12. The team leader (when resuscitation effort is over) completes the chart up to and through the arrival of the CPR team.

**UNIT SECRETARY**: (or person answering intercom at nurse's station):

1. Dial 5123 at once when you receive request to call CPR. Give switchboard operator the patient's NAME, ROOM NUMBER, and PHYSICIAN.
2. Assign someone to take crash cart and the patient's chart to the patient’s room at once.

**SWITCHBOARD OPERATOR:**

1. When notified of an arrest, page ATTENTION PLEASE - CPR TEAM TO ROOM (NUMBER). Repeat three times clearly and slowly. Do not state the patient's name.
2. Call the physician, if he is in the hospital, page him to the room stat. If you cannot locate him at home or office, refer back to the unit for further instructions. If you have located him and he is on his way, call the unit to let them know.

Note: Always get the patient's name, room number and his physician when you receive the call. If you do not get the name of the patient's physician, make your call for the CPR TEAM and then call back to the unit for this information.

**ICU/ACLS NURSES:**

1. Go to the room immediately.
2. Assume leadership of the team. Note: Verify CODE/DNR status.
   a. Assign someone to:
      1. Ventilate the patient
      2. Insure that CPR backboard is in place. Do chest compressions.
      3. Record progress of CPR including: rhythm, drugs, defibrillation or other procedures.
      4. Relieve as needed for chest compressions, ventilation, etc.
      5. Start IV if not already done, or start 2nd line if needed for meds.
3. Ensure monitoring unit is functional.
4. Use quick look paddles to obtain rhythm, attach electrodes as soon as this can be done. OBSERVE MONITORED RHYTHMS and treat according to approved ACLS protocols, or per physicians orders, including defibrillation and administering medications.
5. Limit traffic. Ask unassigned people to leave.
6. Ask for report on carotid or femoral pulse, and pupils frequently, and after each medication or defibrillation. Be sure this information gets to the recorder.
7. Chart CPR progress and make appropriate charges for CPR, medications, or other equipment used such as pace-aid, dinemapp, etc.
NURSING SUPERVISOR:

1. Shall respond to all CPR's. Ensure patient care coverage for ICU, if needed.
2. Will assist per CPR team assignment.
   a. Makes other assignments as necessary, including staffing.
   b. Help control traffic, ask unassigned people to leave.
   c. Anticipate and secure supplies or medications as needed.
3. Ensures that the needs of family members have been met.
4. Inform ICU of proposed transfer and condition as soon as possible so they may make any needed preparations. If transfer out of MMSC, facilitate requirements of EMTALA regulations.
5. Ensure initiation of Certified Designated Requestor should organ, tissue or eye donation be possible following CPR.
6. Supply crash cart drugs if pharmacist not available.

ALL OTHER TEAM MEMBERS:

Shall function as assigned by the ICU/ACLS nurse or EDP.

When resuscitation is discontinued, the team members should clean the equipment, replace drugs and other materials used from the crash cart and return everything to it's proper location. The crash cart must be checked using the list provided and the person doing the checking must initial the form with time and date. It shall be the responsibility of the team leader of the patient to see that this is done.

ALL SHIFTS:

The EDP will respond to CPR’s if able and may act as team leader.

Anesthesia and Respiratory Therapy will answer the CPR call when they are in the hospital. Lab personnel will answer the CPR call at all times. EMT's/Paramedics will respond to all CPR's and will assist with airway management and other aspects of the CPR as delegated by the ACLS nurse and/or Physician. The patient's nurse should remain in the room with the chart to answer questions directed by the CPR team. Social Services will respond within hospital or may be called if needed otherwise. C.S. personnel, when on duty will bring IV pump to area and be available to obtain supplies needed.

DOCUMENTATION:

Cardiopulmonary Resuscitation Record MR-21

REFERENCE:

MMSC practice, American Heart Association BCLS/ACLS protocols.

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