POLICY:

1. Code Pink will be called in the event of impending/actual respiratory and/or cardiac arrest in the 0-12 years of age inclusive.

   Prior to termination of resuscitation efforts, if a code has been initiated on a patient, an independent double check of the patient’s code status by 2 individuals using the code status recorded in the patient’s electronic health record must be done. Documentation in patient chart must be completed.

   Code Pink-Adolescent will be called for patients 13 to 18 years of age (to the 18th birthday).

   Code Blue will be called for patients 18 years of age and over.

2. Code Pink can be activated in all areas of the General site by any member of the health care team. All code unit staff that is off the unit when a Code is announced is required to return to their unit immediately.

3. Resuscitation for the newly born and neonate will follow the current Neonatal Resuscitation Program (NRP) recommendations in accordance with the American Academy of Pediatrics and American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care of the Neonate1 and the Canadian Paediatric Society’s recommendations for specific modifications in the Canadian context.2 The neonatal period is generally defined as the first 28 days of life.

4. Resuscitation of Infants (>28 days) and children to the 13th birthday will follow Paediatric Advance Life Support (PALS) guidelines.

5. Workshops, educational sessions and online learning will be offered on a regular basis. It is strongly recommended that nursing staff attend at least one mock code session annually.

6. The Code Blue/Pink Committee will audit the Neonatal-Paediatric Resuscitation Record and make recommendations related to best practices, internal processes, and equipment related to cardiopulmonary resuscitation and emergency cardiovascular care.

7. All Code Team Members must wear 4–point Personal Protective Equipment (PPE) which includes gloves, N95 mask, eye protection (goggles or face shield) and gown, and gown, in accordance with NYGH hospital policy Routine Practices and Additional Precautions http://www.nygh.on.ca/nygh-test/IP-II-20-Routine_Practices-Additional_Precautions.pdf and

**CODE PINK TEAM MEMBERS**

- Paediatrician/Neonatologist on call or delegate
- Paediatric Registered Nurse (RN) and/or Neonatal Intensive Care Unit (NICU) RN In-charge or Unit Coordinator or delegate
- Emergency Department (ED) RN or delegate (depending on location)
- Registered Respiratory Therapist (RRT)
- Anaesthetist on call when available
- Intravenous Therapy (IV) RN when available
- Electrocardiogram (ECG) / Lab Technician
- Porter
- Chaplain when available (Chaplain maybe called if arrest occurs off hours at family’s request)
- Social Work when available

**LOCATION OF CODE AND WHO RESPONDS**

**GENERAL SITE:**

**INSIDE THE HOSPITAL BUILDING**

1. Code pink team members including the Paediatric RN will respond to all areas except those in Labour & Delivery, Mother Baby Unit.

2. Code pink team members including the NICU RN will respond to all areas within the hospital including 3 North and the Emergency Department.

3. The ED Physician and ED RN will respond to Code Pinks located in the non in-patient areas which include the first floor, ground floor and lower level.

4. In the event that the Paediatrician is not available, an ED Physician will be called STAT to the location of the Code Pink.

**OUTSIDE THE HOSPITAL BUILDING**

1. For all Code Pinks occurring outside the hospital building, code pink team members including the ED Physician and ED RN will respond.

2. At 4000 Leslie Street, the Seniors’ Health Centre, 9 – 911 will be called for any code pink
BRANSON SITE:
Refer to Policy & Procedure - Patient Care Policy # II - 39 Code Blue, Code Pink, Code Pink Adolescent – Branson

CRASH CART CONTENT

The Neonatal Crash Cart (only in Labour and Delivery (L&D) NICU and Mother Baby Unit (MBU) is for the newly born and the Broselow Cart is for infants and children up to age of 12 years (to the 13th birthday).

The following equipment will to be checked daily by the RN/RPN to ensure that it is operational and is signed off on the equipment checklist every 24 hours and following completion of cardiac/respiratory arrest (please refer to crash cart checklist located on top of the crash cart):

- Defibrillator
- Broselow cart (3N, ED, Day Surgery, PACU, OR)
- Neonatal crash cart including the blue intubation roll (L&D, MBU, & NICU only)
- Oxygen
- Suction
- Expiry date on drug tray
- Neonatal Umbilical Venous Access Equipment Box (located on top of all crash carts)

NOTE: If the number on the red tag that seals the cart does not correspond with the number on the checklist, the entire contents of the cart will also have to be checked at that time. The crash cart contents must be checked on a monthly basis even if they remain unopened or unused.

RESTOCKING CRASH CART AFTER RESUSCITATION

Drugs and equipment used during the arrest must be replaced immediately upon completion of the code by the unit staff.

A replacement drug tray is obtained from Pharmacy Services between the hours of 0800h – 1900h Monday to Friday and between 0800h – 1600h on weekends/statutory holidays. After hours, Portering Services will deliver replacement drug trays on request. The used drug tray will be returned at any time only AFTER receiving the new replacement tray.

Difficult airway equipment used during the arrest must be replaced immediately upon completion of the code by the RRT.

All Broselow crash carts with defibrillators will be located on the units listed above.
- The crash cart must be checked against the content list following each use.
- When the cart has been restocked, it is sealed with the red tag, the checklist dated, signed and the red tag number must be accurately recorded on the checklist.

The Neonatal Umbilical Venous Access Equipment box is restocked after each use by calling the NICU (ext 6305) for assistance in re-stocking the equipment box.
Portering Services will obtain intubation equipment (i.e. blue intubation roll for the Neonatal Crash Cart from the Respiratory Therapy Department).

PROCEDURE/ GUIDELINE:

A. INITIATING A CODE PINK

FOR PATIENTS INSIDE THE GENERAL SITE

1. Push the “Code Pink button” at the bedside which is directly linked to Telecommunications. 
   Note: Code Pink buttons are only located in the NICU and 3N Unit.

2. All other units must Dial 5555 on any hospital phone (except a pay phone) stating Code Pink and give the location of the patient unit and room number.

3. If a concurrent or second “Code Pink” occurs within the same hour, it will be announced by stating “Second Code Pink” and the location. An ED Physician will respond.

FOR PATIENTS OUTSIDE THE HOSPITAL BUILDING

1. Dial 5555 on any hospital phone (except a pay phone) stating Code Pink and give the location of the patient and then dial 9 – 911.

2. For a Code Pink occurring at 4000 Leslie Street and Seniors’ Health Centre, dial 9 – 911.

B. MANAGEMENT OF AIRWAY EMERGENCIES

Management of airway emergencies for the purpose of this policy encompasses all care necessary to deal with sudden and potentially life-threatening events involving the airway.

A difficult airway is defined as the clinical situation in which a healthcare professional who is trained in advanced airway management experiences difficulty with face mask ventilation of the upper airway, difficulty with tracheal intubation, or both (4) (5)

Management of airway emergencies involves the identification, assessment and use of adjunctive equipment for establishing effective ventilation, tracheal intubation, or surgical airway.
INITIATING AN AIRWAY EMERGENCY

Code Pink team members may initiate an Airway Emergency when assistance is required for management of an emergent airway.

To initiate an Airway Emergency, dial 5555 for Hospital Paging/Locating and state “Airway Emergency” and give the location of the patient, i.e. unit and room number.

Paging/Locating will:
- Activate the Airway Emergency procedure
- Announce “Airway Emergency” on the overhead paging system and indicate the unit and room number
- Place a STAT call to the Anaesthetist on call and all designated physicians with special expertise in management of a failed airway

Those physicians in house will respond to the Airway Emergency.

In circumstances where the Anaesthetist on call or the designated physicians are not available, Paging/Locating will make an overhead announcement for any physician able to assist with an emergency airway.

The RRT or delegate (i.e. Porter) will obtain the difficult airway kit for airway emergencies.

C. MANAGEMENT OF TRAUMA

Management of trauma emergencies for the purpose of this policy encompasses all care necessary to deal with sudden and potentially life-threatening events involving trauma (c-spine injury, amputation of limbs, fall from significant height, penetrating injury etc.).

INITIATING A CODE PINK TRAUMA

Code Pink code team members may initiate a code pink trauma when assistance is required.

To initiate a Code Pink Trauma, dial 5555 for Hospital Paging/Locating and State “Code Pink Trauma and give the location of the patient, i.e. unit and room number.

Paging/Locating will:
- Activate the Code Pink Trauma procedure
- Announce “Code Pink Trauma” on the overhead paging system and indicate the unit and room number/location
- One Emergency physician and Emergency nurse will respond to the call and bring equipment with them (c-spine collar, backboard)
- Place a call to Corporate Risk Manager and notify the Risk Manager of code pink trauma.

D. RESPONSIBILITIES OF UNIT/DEPARTMENT NURSING STAFF
Primary RN or First qualified person on site
- Assesses patient for impending or actual respiratory and/or cardiac arrest
- Calls for help without leaving patient
- Notes time of arrest
- Opens airway and begins bag and mask ventilation with 100% oxygen.
- Initiates chest compressions if indicated

RN #2 or Second qualified person on site
- Initiates the Code Pink by dialing 5555 and/or pressing code button if available. Identify location and type of code
- Brings Broselow or Neonatal cart to the bedside (dependant on location)
- Applies PPE, relieves RN #1 to apply PPE
- Assists with placing cardiac arrest board under the patient if appropriate (≥ 1 month)
- Assesses for pulse; if pulseless and/or heart rate <60 bpm begins chest compressions
- Continues with chest compressions until relieved by the Code Pink Team

RN In-Charge or Unit Coordinator
Delegates’ tasks to unit personnel as required
- Ensures that the patient’s chart and medication administration record is at the bedside
- Notifies the primary care physician
- Ensures that the family/significant others are made aware of patient’s condition
- Ensures that Chaplaincy/Social Worker are available
- Ensures that other patients are attended to
- Ensures room and surrounding areas are not overcrowded and are accessible.
- Ensures crash cart equipment and drugs are replenished immediately following the code
- Facilitates and ensures completion of Neonatal-Paediatric Resuscitation record.

E. RESPONSIBILITIES OF THE MEMBERS OF THE CARDIAC ARREST TEAM

Paediatrician/Neonatologist or delegate:
- The Paediatrician/Neonatologist will assume responsibility for leading the resuscitative measures including defibrillation if required and for the decision to cease resuscitation efforts.

Emergency Department RN In-Charge or delegate:
- For Code Pinks occurring in the ED, first floor, ground floor, lower level, the ED RN will take the Broselow cart to these locations of the Code Pink and assumes the responsibilities of the RN In-charge.
Paediatric or NICU Nurse In-Charge or Unit Coordinator or delegate:
- Paediatric RN takes crash cart to all areas except L&D, NICU, MBU, ED, first floor, ground floor and lower level including outpatient clinics and services, patient care and non-patient care areas.
- When a Code Pink is called on any Inpatient Unit or outpatient clinic (except first floor, ground floor and lower level), the Paediatric RN or NICU RN In-charge or Unit Coordinator will assume responsibilities as listed below for RN In-charge.

Paediatric RN or NICU RN or ED RN In-charge/Unit Coordinator or delegate:
Delegates and coordinates activities to other team members ensuring the following have been assigned:
- Airway and bag mask ventilation
- Chest compressions
- Intravascular access
- Medication preparation/administration
- IV fluid preparation and tubing
- Documentation on the Neonatal-Paediatric Resuscitation record
- Equipment: This person is in charge of the crash cart during the resuscitation
- Ensures crowd control and surrounding area is accessible
- Ensures someone is assigned to provide family support (nurse, social worker or clergy) and to keep them informed
- Ensures family's wishes are respected with regard to presence during the resuscitation
- Ensures that the resuscitation cart is restocked using the equipment checklist. Ensures all equipment and the drug tray are replaced and that the cart is ready for the next Code Pink.

Registered Respiratory Therapist (RRT)
- Establishes or assists in securing and maintaining a patent airway including intubation
- Provides positive pressure ventilation
- Assists with transfer of patient

Anaesthetist
- Establishes or assists in securing and maintaining a patent airway including intubation
- Assists with resuscitation

IV RN or delegate
- Ensures patent IV route is established

Porter
- Provides assistance as directed by the RN In-charge
- Transports blood or equipment as requested
- Assists with transfer of patient

Chaplain
• Provides spiritual support to the family and staff when available

Social Work
• Provides emotional support to the family and staff when available

F. DOCUMENTATION

Events will be recorded immediately and accurately utilizing the Neonatal-Paediatric Resuscitation Record.

The Neonatal-Paediatric Resuscitation Record is completed for all patients (refer to Appendix A Neonatal – Paediatric Resuscitation Record, Code Pink). One copy is forwarded to the Clinical Team Manager for review and identification of any immediate issues. The original is filed with the patient’s medical record. The Clinical Team Manager will then forward the yellow copy of the resuscitation record to the Clinical Nurse Educator for the Code Blue/Pink Committee in a timely manner for review by committee.

All staff who participated in the resuscitation during the Code Pink must be listed on the Resuscitation Record and must sign their full name and designation.

A unit based debriefing may be held on a case by case basis.

A Critical Incident Review (CIRP) can be requested by any staff involved in the code or by any person reviewing the code.

REFERENCES:

2. NYGH Policy and Procedure- IP-VI-40 Prevention of Acute Respiratory Illness (Section D).
5. Antonios Liolios, MD Airway Management in the Intensive Care Unit: The Difficult Airway Copyright © 2002 Medscape.
## Appendix A

### NORTH YORK GENERAL HOSPITAL

**NEONATAL - PAEDIATRIC RESUSCITATION RECORD**

**CODE PINK**

4 Point PPE Required

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Location:</th>
<th>Code Pink called: Yes □ No □ Time:</th>
</tr>
</thead>
</table>

### AIRWAY

| Suction: Mouth □ Nose □ MAS □ Endotracheal Suction □ ETT Size: |
|------------------|------------------|------------------|------------------|
| Tracheal Time: | Oral □ Size: | Cuffed □ Secured □ Intubated by: |
| Intubation Nasal □ | Uncuffed □ at cm □ ETCO2 |

### BREATHING

| Manual PPV by *BVM □ B & M □ ETT □ Started: Stopped: |
|------------------|------------------|
| Oral Airway □ Size: | Oxygen % Increase □ Decrease □ |
| Oxygen Therapy: NP □ FM □ F/FL □ Started: Stopped: |流速 L/min SpO2 % |
| Nasal □ Oral □ Gastric tube Time: | Size: ECG Monitor □ |


### CIRCULATION

<table>
<thead>
<tr>
<th>Cardiac Compressions</th>
<th>Started:</th>
<th>Stopped:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral IV / IO □ Started:</td>
<td>Location:</td>
<td>Size: Started By:</td>
</tr>
<tr>
<td>Peripheral IV / IO □ Started:</td>
<td>Location:</td>
<td>Size: Started By:</td>
</tr>
<tr>
<td>UVC / Central Line Started:</td>
<td>Location:</td>
<td>Size: Secured at cm Started By:</td>
</tr>
<tr>
<td>UAC / Central Line Started:</td>
<td>Location:</td>
<td>Size: Secured at cm Started By:</td>
</tr>
</tbody>
</table>

APGAR Score: 1 Min. 5 Min. 10 Min. 20 Min.

### Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Heart Beat</th>
<th>BP</th>
<th>RR</th>
<th>FIO2 %</th>
<th>SpO2 %</th>
<th>Blood Pressure</th>
<th>Cardiac Output</th>
<th>P &amp; P</th>
<th>1:10,000 Epinephrine</th>
<th>20G IV</th>
<th>ETCO2</th>
<th>Nasal Saline Bolus</th>
<th>Temp</th>
<th>Comments/Other Medications</th>
</tr>
</thead>
</table>

Code: □ = In Progress  WHITE COPY - Chart  YELLOW COPY - Unit Administrator/forward to CNE In NICU post review
Anticipatory Code Called: No ☐ Yes ☐ Time:

Witnessed: No ☐ Yes ☐ By Whom:

Event Type: Respiratory Distress ☐ Respiratory Arrest ☐ Cardiac Arrest ☐ Other ☐

MD on scene: No ☐ Yes ☐ Name:

Staff Paediatrician on scene: No ☐ Yes ☐ Name:

<table>
<thead>
<tr>
<th>Time</th>
<th>CORD</th>
<th>ABG</th>
<th>VEN</th>
<th>CAP</th>
<th>Fio₂</th>
<th>pH</th>
<th>Pco₂</th>
<th>Po₂</th>
<th>Hco₃</th>
<th>BE</th>
<th>Blood Sugar</th>
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</table>

**LAB RESULTS**

<table>
<thead>
<tr>
<th>Na</th>
<th>K</th>
<th>Cl</th>
<th>Ca</th>
<th>Mg</th>
<th>Hgb/Hct</th>
<th>Lactate</th>
<th>OTHER</th>
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Time Clinical Notes and Procedures

<table>
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<tr>
<th>Time</th>
<th>Outcome</th>
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<tbody>
<tr>
<td></td>
<td>Spon. Circulation ☐</td>
</tr>
<tr>
<td></td>
<td>Spon. Respiration ☐</td>
</tr>
<tr>
<td></td>
<td>Transferred to:</td>
</tr>
<tr>
<td></td>
<td>Expired:</td>
</tr>
<tr>
<td></td>
<td>Family Present: Yes ☐ No ☐</td>
</tr>
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<td></td>
<td>Coroners Case: Yes ☐ No ☐</td>
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Staff in Attendance:

<table>
<thead>
<tr>
<th>Time</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spon. Circulation ☐ Name</td>
</tr>
</tbody>
</table>

Recording RN Signature: ____________________________ RRT Signature: ____________________________

Physician In Charge of Resuscitation Signature: ____________________________