



PC.32.2.6 How the medications in the emergency cart are timely replenished.

PC.32.2.7 The CPR form that is used to standardize documentation of the CPR.

PC.32.3 The CPR form includes at least the following information:

PC.32.3.1 The name of the patient.

PC.32.3.2 The date, time and location of the code.

PC.32.3.3 Names of the responders to the code.

PC.32.3.4 Medications and treatments used (e.g., electrical shocks, central lines, intubation) and times of administration.

PC.32.3.5 The outcome of the code.

PC.32.4 Clinical staff are trained on how to use the alarm system or call the code.

PC.32.5 CPR team members have the proper training on cardio-pulmonary life support.

PC.32.6 CPR team is led by:

PC.32.6.1 A physician or an anesthesiologist who is certified in ACLS for adult codes.

PC.32.6.2 A physician who is certified in PALS for pediatric codes.

PC.32.6.3 A physician who is certified in NRP for neonatal codes.

PC.32.7 All codes are reported to the cardiopulmonary resuscitation committee.

Standard Intent:

Successful resuscitation of patients in cardiopulmonary arrest is dependent on the immediate implementation of basic life support and the timely intervention with advanced life support.

These services must be available to all patients, 24 hours a day, every day in all hospital areas. Essential to providing these critical interventions is the quick availability of standardized medical technology, medications for resuscitation, and staff that is properly trained in resuscitation.

Basic life support must be implemented immediately upon recognition of cardiac or respiratory arrest, and a process must be in place for providing advanced life support in fewer than 5 minutes. This could include reviews of actual in-hospital resuscitations as well as mock cardiac arrest response training. Resuscitation must be based on clinical evidence and target the population served (**for example**, if the hospital has a pediatric population, medical technology for pediatric resuscitation must be available).

The Hospital develops and implements a resuscitation policy and procedure that follows the elements in the substandard PC.32.2.1 through PC.32.2.7.

The hospital develops a special form for documenting all code events and the form should include at least the elements of the substandard PC.32.3.1 through PC.32.3.5. All forms are submitted to the CPR committee that should review all codes in order to improve the resuscitation services in the organization. Team leaders for any code should have the appropriate advanced certification in life support according to the age group managed.