Standard Intent:

Restraints as high risk to cause patient harm, hospital must follow professional standards to ensure patient safety, that include the elements in the substandard PC.30.1 through PC.30.12

PC.31 Crash carts are readily available for cardio- pulmonary resuscitation (CPR).

PC.31.1 The hospital has standardized crash carts that are readily available in all patient care areas.

PC.31.2 The crash carts are adequately equipped and supplied with age specific requirements, including emergency medications, defibrillator, oxygen cylinder, suction machine, intubation/airway access equipment, venous access equipment, and intravenous fluids.

PC.31.3 On every shift, there is a documented process for checking the crash cart by a qualified staff.

PC.31.4 The crash carts checking includes the defibrillator battery, full oxygen tank, suction machine, pharmaceutical care lock number, ambu bags and reservoirs, drug calculation charts, endo-tracheal tube (for neonates, pediatrics, and adults) and sharp box.

PC.31.5 The crash carts are re-stocked/replenished after each use.

Standard Intent:

Availability of standardized crash cart in all areas of the hospital where diagnostic or treatment services are provided to patients is a critical factor in successful resuscitation of patients in cardiopulmonary arrest. Adequate equipment with age specific requirement with standardized process of checking the equipment availability and functionality with process of restocking after each use with proper documentation.

PC.32 The hospital has an effective system for the safe provision of care to patients requiring cardio-pulmonary resuscitation.

PC.32.1 The hospital implements a policy and procedure that guides cardio-pulmonary resuscitation across all hospital areas.

PC.32.2 The policy and procedure defines the following:

PC.32.2.1 A simple number to dial (such as 999) or other mechanism to call when summoning help for a code.

PC.32.2.2 The CPR team composition and the team leader.

PC.32.2.3 Roles and responsibilities of the staff who first discover the code, the team leader and the code team members.

PC.32.2.4 The team member responsible for documenting events with date and time.

PC.32.2.5 How the medications given during the resuscitation are prescribed.

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.