



**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

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**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.

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**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.

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**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.