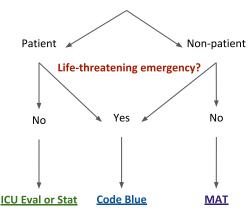
Emergency Response Refresher

Call to activate: 5-5555

Patient or non-patient?



MSICU fellow* MSICU charge RN

Gen Peds resident Respiratory COPP Transport team

*only respondent to eval

Floor resources

MSICU attending/ fellow

Gen Peds resident Anesthesia MSICU/CICU/ED RN **ED** pharmacy Respiratory COPP

Transport team SW

Defibrillator/monitor Suction

Intubation/airway AMBU bag, masks Code medications Oxygen/capnography Trauma/first aid

IV/IO **Fluids** Gen Peds resident

ED RN COPP Transport team Security

BP cuff Stethoscope First aid supplies AMBU bag, masks

Floor vs. ICP vs. ICU

Patient: Floor vs. ICP vs. ICU Non-patient: Release vs. ED

Release vs. ED vs. escalate to Code Blue

MAT Checklist

Airway/Breathing/CNo: CODE BLUE	irculation/mental status intact?	
Yes: Proceed		
Complaint?Chest pain, SOB, AMOther: Proceed	/IS, seizure: CODE BLUE	
transplant, epilepsy Review major med AEDs, pain, psych	dical problems: heart disease, ob dications: anti-HTN, anticoag, ar of anaphylaxis/EpiPen?	
Exam: Vitals: HR, RR, BP Resp	CV Other systems PRN	
Treat: Wate	er/juice	First aid
	ssessment?: SpO2, EKG, D-stick, reatment?: medications, O2/ain	
 Need for further as: 	assessment/treatment: RELEAS sessment/treatment, stable for sessment/treatment, not stable stable: CODE BLUE	transfer: ED
	Code Blue Checklis Resident as first respond Initial assessment/approach (E	<u>er</u>
Responsive? • Yes → Monito • No → Assess Pulse?	or until ICU arrives; see "History," pulse	" "Exam" above
• No → CPI	R (>2 in, recoil, 100-120 compres rt timer breathing	ssions per minute)
Breathing: Abnormal	-	
	scultate (abnormal or asymmetr	
	scue breathing w/ (1 breath/6 s) CU team at time of arrival	or w/o (1 breath/3-5s) bag
	esident as secondary respo tion: volunteer OR ask for assig	
Primary resuscitation:	Communication:	Advanced (prior training)
CPR*	Obtain hx (EMR, pt)*	Access
Pulse check*	Update family*	(IV/IO, central, arterial)
CPR feedback	Update primary attng	Rhythm identification
Orders* Airway (bagging)	Call for imagingFollow-up code labs, im	aging
An way (bagging)	= rollow-up code labs, lill	ugiiig

*Identified as helpful and appropriate resident roles by ICU faculty and fellows