

*Beth Israel Deaconess Medical Center
BIDMC Manual*

Title: Clinical Emergency Team Response

Policy #: CP-15

Purpose: To provide a comprehensive response structure for clinical emergencies occurring within the Medical Center, providing the intent for each type of emergency, and a link to each policy in the PPGD.

Policy Statement:

BIDMC has a protocol to provide a structured response to the following clinical emergencies:

- Code Blue/Cardiac Arrest Response
- First Aid Response
- Obstetric Emergencies
- Anesthesia Team
- Code Purple/Psychiatric Emergencies
- Code Stroke/Stroke Team (ED only)
- Trauma
- Emergent Surgical Airway
- Malignant Hyperthermia
- Inpatient Stroke Stat

Scope

The response teams listed above will be activated for all patients/staff/visitors within the Medical Center requiring emergency or specialized medical care beyond that which is immediately available in the local care environment.

The response teams shall be activated for assistance in all areas of the East and West Campuses of Beth Israel Deaconess Medical Center, including the Lowry Medical Office building. For all other affiliated or off-site premises, emergency clinical response shall be activated via direct call to 911 as necessary.

CODE BLUE/CARDIAC ARREST RESPONSE

Intent: To provide immediate advanced cardiac life support intervention for patients, visitors, or staff who suffer cardiac arrest, respiratory failure, and/or other acute critical illness requiring personnel, medications, and/or equipment not immediately available in the local care environment

For specific Code Blue team response, roles and responsibilities, see policy: [CP-40 "Code Blue"/Cardiac Arrest Response](#)

FIRST AID RESPONSE

Intent: To provide urgent medical attention for patients, visitors, or staff who sustain minor injury or develop an acute medical condition in any area in the medical center. This response is appropriate only

for conscious patients (awake and talking), and is not intended for events or conditions in which an immediately life-threatening condition is suspected.

For specific First Aid team response, roles and responsibilities, see policy: [CP-39 First Aid Response](#)

OBSTETRIC EMERGENCIES

Intent:

The Obstetrical Emergency page is intended to notify the OB Emergency Team for any pregnant woman or woman in the immediate postpartum period, in need of emergency medical care. Examples: STAT C/S, imminent delivery, trauma in the pregnant woman, medical emergency including respiratory depression/arrest.

For specific Obstetrical Emergency team response, roles and responsibilities, see policy: [CP-53 Obstetrical Emergencies](#)

ANESTHESIA TEAM

Intent:

The Anesthesia STAT page is intended to summon the Anesthesia and Respiratory Therapy providers in the hospital for a patient requiring an emergent airway support. The criteria for activating the Anesthesiology Team include patients in critical care and cardiac catheterization lab areas only (including those in the emergency department) who may require emergent endotracheal intubation or other airway support.

*For any patient in the non-ICU/Cardiac Catheterization Lab/Emergency Department setting who is requiring an emergent airway or intubation, a CODE BLUE response should be activated instead of ANESTHESIA STAT.

For specific Anesthesia STAT team response, roles and responsibilities, see policy: [CP-55 Anesthesia STAT](#)

CODE PURPLE/PSYCHIATRIC EMERGENCIES

Intent:

To provide an emergency response for a patient in need of management of dangerous behavior directed at self or others after other less intensive interventions have been tried.

For specific Code Purple team response, roles and responsibilities, see policy: [CP-54 Psychiatric Emergency \(Code Purple\)](#)

CODE STROKE/STROKE TEAM

Intent:

The Stroke Team will be activated to perform the initial evaluation and treatment of stroke patients being admitted to the Emergency Department. The team may be activated based upon information received during radio notification from EMS or other ambulance services, or telephone referral, or according to patient condition upon arrival in the Emergency Department. Ambulance/EMS may use the CMed system to notify/inform BIDMC that a potential stroke patient is on route.

For specific Code Stroke team response, roles and responsibilities see: [Stroke Team Activation](#)

TRAUMA

Intent:

The Trauma Team is activated to initiate care of all major trauma patients at Beth Israel Deaconess Medical Center. The team may be activated based upon information received during radio notification, telephone referral, or according to patient condition upon arrival. The ED attending physician, trauma surgeon, surgical resident, or ED nurse may activate the team. When in doubt, the team should be activated.

For specific Trauma team response, roles and responsibilities, see policy: [TC-190 Trauma Team Activation Criteria](#)

EMERGENT SURGICAL AIRWAY

Intent:

The intent is to have an emergency response for a patient in need of an emergent surgical airway (cricothyrotomy) after failed attempts to ventilate in a less invasive manner/obtain an advanced airway, in a patient in acute respiratory failure.

For specific Emergent Surgical Airway team response, roles and responsibilities, see policy: [CP-56 Emergent Surgical Airway](#)

MALIGNANT HYPERTHERMIA

Intent:

To provide immediate support intervention for patients who are suspected of developing malignant hyperthermia following the administration of a triggering agent: including Succinylcholine or a volatile anesthetic agent. In the event that this occurs outside of the main operating room suites the response team will provide immediate support including transport of the malignant hyperthermia cart from the operating room to the patient, or to the ICU depending on the disposition of the patient.

For specific Malignant Hyperthermia response, see policy: [200-221 Malignant Hyperthermia](#)

INPATIENT STROKE STAT

Intent:

The Stroke Stat Team will be activated to perform the initial evaluation and treatment of registered in-patients for acute stroke (defined as symptom onset <6 hours, with persistent deficit). Based on evaluation, patient may be a candidate for intravenous tPA +/- mechanical thrombectomy. This does not apply to in-patient, visitors, outpatients, or Emergency Department.

For specific Inpatient Stroke Stat response, see policy: [CP-61 Inpatient Stroke Stat](#)

Evaluation:

Departmental Emergency response reviews have oversight through the Code Blue Committee

QA Process:

The first line of QA is through the departmental level, using established QA processes

overarching coordination and process improvement with of the Code Blue Committee for interdisciplinary improvements.

Vice President Sponsor: Pat Folcarelli, RN, PhD, Interim VP, Health Care Quality

Approved By:

Medical Executive Committee: 6/21/17

**Jonathan Kruskal, MD
Chair, MEC**

Code Committee: 2/23/17

**Michael Donnino, MD
Chair, Code Committee**

Requestor Name: Michael Donnino, MD

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Eliminated:

References: For more detailed information, please see the specific policy on each clinical emergency protocol