

**Adult Arrest Team Responsibilities****University of Maryland Hospital**Nursing and Medical Personnel on the Unit

1. Assess the presence of a cardiac and/or respiratory arrest or respiratory emergency.
2. Immediate institution of ventilatory support with BVM and oxygen and/or cardiac compressions.
3. Notification of cardiac arrest and/or respiratory emergency.
  - A. Call 8-2911
  - B. **Cardiac Arrest**  
Non-Critical Care Units:
    - Request the Adult arrest team (includes anesthesiology)
    - Stat Page patient's resident (if not present already)Critical Care Units:
    - If an Attending Physician or Fellow is present
      - Request the Anesthesia Adult Stat resident if the patient is not intubated and the Attending/Fellow is not trained in Anesthesiology, Critical Care Medicine, Emergency Medicine, or Neonatology
      - Stat Page patient's resident (if not present already)
    - If an Attending Physician or Fellow is not present
      - Request the Adult arrest team (includes anesthesiology)
      - Stat Page patient's resident (if not present already)
  - C. **Respiratory Emergency**  
All Units: Unless already present on the unit, STAT page
    - Anesthesia Adult Stat resident
    - Respiratory Therapist
    - Patient's resident
4. Bring the crash cart and defibrillator, portable suction, and oxygen flowmeter to the patient's bedside. Place an arrest board behind the patient. Initiate CPR. Set up suction and oxygen flowmeter. Apply, or have ready, Combo Pads *or* cable, electrodes, and defibrillator pads.
5. Defibrillate the patient in ventricular fibrillation/pulseless ventricular tachycardia if permitted by Unit policy.
6. Nurse to bring patient's chart and MAR to bedside. If possible, bring a wireless computer-on-wheels (WOW) to bedside. Obtain most recent laboratory results, if not already known.

7. As soon as possible, patient's nurse starts and maintains accurate completion of arrest record. Signs Resuscitation Record as recorder at completion of the arrest.
8. Assist Critical Care Nurse with medication administration, as requested.
9. Assist arrest team as requested.
10. At completion of arrest, decontaminates crash cart and exchanges for a new cart. Insures pharmacy and supply vouchers are stamped with patient plate or that name and MRN are written in.
11. Completes QA sheet and gives Resuscitation Record carbons and QA sheet to PCS Manager or Senior Partner for forwarding to Resuscitation Coordinator.

#### First Arriving House Officer

1. Identifies self as physician. Ideally should be trained in BLS and ACLS.
2. Responsible for directing the management of the arrest until the Adult Code Team and the Medical Code resident, or Anesthesiology resident, arrive.

#### Patient's Resident

1. Responsible for providing patient information (history, physical exam, recent laboratory and diagnostic tests, current therapies, medication information) to Adult Code Team.
2. Works with Adult Code Team leader, Pastoral Care, and Nursing Staff to provide updates and/or final outcome to patient's family.

#### Medical Code Resident

1. Must hold current ACLS course completion. Should be the most senior medical resident available.
2. Upon arrival, identifies self as "Team Leader" and directs code unless responsibility as leader is assumed by an Attending physician. Should an ACLS-trained resident on another service wish to assume the role of Team Leader and direct a resuscitation for a patient on their service, the Medical Code Resident should remain present as a consultant for the duration of the resuscitation.
3. Obtains report of initial efforts from unit personnel and any house officers present.
4. Responsible for operation of defibrillator. (May delegate to trained individual).
5. Releases adult arrest team members if not needed.

6. Prioritizes response to a second arrest, should it occur, or initiates “any medical doctor” page if the arrest team must remain with the initial patient.
7. Decides on disposition of patient with nursing coordinator and Unit resident or terminates efforts.
8. Assists in transport of patient to the receiving unit.
9. Signs Resuscitation Record to authenticate verbal orders.
10. Responsible for writing arrest note in medical record, notifying patient’s Attending physician, and contacting Medical Examiner (if necessary).

### Surgical Resident

1. Should hold current ACLS course completion. Should be at least an R-2.
2. Upon arrival, identifies self as “Surgical Resident” and obtains venous access or performs thoracostomy tubes, pericardiocentesis, etc., under the direction of the Team Leader.
3. If ACLS-trained, may assume the role of Team Leader for a patient on the surgical service, in which case the Medical Code Resident will remain present as a consultant for the duration of the resuscitation.
4. Remains with the patient until dismissed by the Team Leader.
5. Insures recording nurse has name for resuscitation record.
6. Writes a procedure note in the medical record for any procedures performed.

### Anesthesia Resident

1. Must hold current ACLS course completion.
2. Upon arrival, identifies self as “Anesthesia Resident” and assumes primary management of the airway.
3. Directs code, if the Medical Code Resident is not present.
4. Remains with the patient until dismissed by the Team Leader.
5. Insures recording nurse has name for resuscitation record.
6. Writes a procedure note in the medical record or completes an “Anesthesia Consult Sheet” for any procedures performed.

### Respiratory Therapist

1. Upon arrival, identifies self as “Respiratory Therapist” and initiates or takes over bag-valve-mask ventilation.
2. Assists Anesthesia Resident with endotracheal intubation and endotracheal tube fixation.
3. Provides manual ventilation after airway is established.
4. Contacts receiving Unit to arrange for ventilator.
5. Assists in transport of patient to the receiving unit.

6. Remains with patient until dismissed by Team Leader.
7. Insures recording nurse has name for resuscitation record.

### Critical Care Nurse

1. Ideally should hold current ACLS course completion.
2. Upon arrival, identifies self as “Critical Care Nurse” and assumes responsibility for medication preparation and administration (may delegate to nurse on patient’s unit) and operation of infusion pumps.
3. Assists Team Leader with operation of defibrillator.
4. Assists in transport of patient to the receiving unit.
5. Remains with patient until dismissed by team leader.
6. Insures recording nurse has name for resuscitation record.

### Pharmacist

1. Current ACLS course completion is recommended.
2. Upon arrival, identifies self as “Pharmacist” and assists Critical Care Nurse with medication preparation.
3. Helps with drip calculations and dosing modifications as needed.
4. Contacts satellite pharmacy to arrange for supplemental medications as needed.
5. Remains with patient until dismissed by team leader.
6. Insures recording nurse has name for resuscitation record.

### Pastoral Care

1. Offers emotional and spiritual support to family members and friends impacted by the resuscitation.
2. Offers emotional and spiritual support to any patients and other visitors in the vicinity of the arrest.
3. Works with the Team Leader to facilitate family presence at the resuscitation, if desired by the family. If family is present at the resuscitation, stays with the family continuously.
4. Offers emotional and spiritual support for arrest team and unit staff.
5. Insures recording nurse has name for resuscitation record.

### Nursing Coordinator

1. Upon arrival, identifies self as “Nursing Coordinator” and assists arrest team as needed.

2. Helps move other patients, families, or visitors as required. Contacts Security if assistance is needed.
3. Directs unneeded personnel to leave the area.
4. Pages chaplain and/or social services if needed for family or staff support.
5. Helps Unit staff with patient care activities as necessary to supplement staffing.
6. Works with Bed Coordinator and Team Leader to arrange transfer of patient.
7. Arranges for transport equipment (O<sub>2</sub>, monitor) and stretcher and assists in transport of patient to the receiving unit.
8. Remains with patient until dismissed by team leader.
9. Insures recording nurse has name for resuscitation record.