



Team Name: Critical Care and Medicine  Team Lead: Regional Director - Acute Care  Approved by: Executive Director - Mid	Reference Number: CLI.4510.PL.003  Program Area: Across Hospital Units  Policy Section: General
Issue Date: December 7, 2016  Review Date:  Revision Date: May 15, 2017	Subject: Code 25

**POLICY SUBJECT:**

Code 25

**PURPOSE:**

To provide consistent, standardized, optimal responses to individuals experiencing medical, surgical and/or obstetrical emergencies in all Southern Health-Santé Sud acute care sites.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-02) – Treatment of Clients  
 Executive Limitation (EL-01) – Global Executive Restraint and Risk Management

**POLICY:**

All Southern Health-Santé Sud acute care sites use codes as the means to a standardized communication strategy to elicit prompt and effective responses during emergent/urgent situations. This mechanism decreases variability and uncertainty that maximizes positive patient outcomes.

**DEFINITIONS:**

**Code 25:** this code communicates the need for a rapid response to patients/individuals requiring emergent/urgent assistance due to an unexpected medical, surgical, and/or obstetrical event.

**Code 25 Team:**

- A team who responds and brings expertise to the patient.
- Code 25 team provides assessment, required interventions, and recommendations regarding patient care.
- Team members are identified and assigned by respective acute care sites, minimally comprising of a Medical Physician and one nurse with congruent skills/competencies (e.g., Advanced Cardiac Life Support/ACLS; Neonatal Resuscitation Program/NRP)

**Code Blue:** this code identifies events where persons are pulseless and/or breathless, or are at high risk of having a cardiac and/or respiratory arrest.

**Code Blue Cart:** a code blue cart contains a bi-phasic defibrillator and standardized resuscitation medications, supplies, and equipment.

**Health Care Provider:** any member of the health care team actively involved in patient care.

### **IMPORTANT POINTS TO CONSIDER:**

- Be aware of patient's Health Care Directive and/or their Advanced Care Plan (ACP) status, if known. To respect patient wishes, follow the directions in either/both of these two documents.
- Code 25 may be called when the patient presents with:
  - Threatened airway;
  - Respiratory rate <6 or >30 breaths per minute;
  - Heart rate less than 40 or over 140/minute;
  - Systolic blood pressures less than 90 mm Hg;
  - Oxygen saturation less than 90% with oxygen therapy;
  - Symptomatic hypertension;
  - Unexpected decrease in level of consciousness
  - Unexplained agitation;
  - Seizure;
  - A sudden decompensation of an obstetrical / neonatal patient's neurological, respiratory or cardiovascular systems or delivery emergency necessitating the IMMEDIATE presence and attention of an MD and team experienced in obstetrics; or
  - Subjective concern about the patient/individual.
- NB: the above guidelines do not replace clinical judgement to determine whether a Code Blue or Code 25 needs to be called.
- When the contents of a Code Blue Cart are required, call a **Code Blue** and follow *Code Blue* processes.

### **PROCEDURE:**

1. Assess the patient and determine if assistance beyond what can be provided is required emergently.
2. Immediately activate Code 25 in the site.
  - 2.1. Call for help and have another staff member on the unit call a Code 25 via the intercom system, by announcing "Code 25" **3 times** and specifying the patient location (e.g. medicine unit, emergency department, post anesthesia care unit).
    - The emergent/urgent event may be occurring off the unit (e.g., cafeteria). Thus, announcing the location applies to all acute care sites.
  - 2.2. Notify the physician directly if they are outside of the paging range.
    - **NB:** In the physician assigned to the Code 25 team is off-site and another physician is on site (e.g., seeing another patient on the unit; in a juxtaposed clinic), that physician has a legal duty to provide assistance to the patient when asked to do so by nursing staff.
3. While waiting for assistance to arrive, provide care within the scope of practice and competencies, and continuously monitor the patient.
4. Document patient status, vital signs, cardiac rhythm (if applicable), medication(s) administered, and other interventions in real time on the *Vital Sign and Progress Notes* (CLI.4510.PL.003.FORM.01).
5. Notify family of patient's status; provide emotional support and informational updates.

### **SUPPORTING DOCUMENTS:**

[CLI.4510.PL.003.FORM.01](#) Vital Signs and Progress Notes

### **REFERENCES:**

- American Heart Association. (2016, March). Advanced cardiovascular life support provider manual. Dallas, TX: Author.
- Canadian Nurses Protective Society. (2012, July). Emergency room closures. *Info Law*, 20(3), 1-2. Retrieved from <http://www.cnps.ca>
- Southern Health-Santé Sud Code Blue Policy, CLI.5110.PL.002