



Tri-City Medical Center

*ADVANCE*TM

Code Caleb Team Mobilization Adopted Feb. 2012

Tri-City Medical Center

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POLICY DEVELOPMENT HISTORY

Clinical Policies & Procedures Committee Approval:	11/11
Nurse Executive Council Approval:	11/11
Medical Executive Committee Approval:	1/12
Professional Affairs Committee Approval:	2/12
Board of Directors Approval:	2/12



A. PURPOSE:

1. To delineate the members of the healthcare team who will respond to call for Code Caleb and to outline the individual responsibilities in the event of an emergency for the resuscitation and stabilization of the high-risk neonate / Infant up to age of 60 days in the Emergency Department.
 - a. For the purpose of this policy an emergent event may include, but is not limited to the following: symptomatic hypoglycemia sepsis, hypothermia, seizure, respiratory distress / failure, anaphylaxis, cardiac rhythm disturbances, shock, preterm & emergent delivery and evaluation of the cyanotic neonate



B. POLICY:

1. Code Caleb may be activated by dialing the PBX operator on extension “66”, giving the location for response.
2. The Code may be activated by the following personnel:
 - a. Physician
 - b. Charge Nurse
 - c. Nurses
 - d. Mobile Intensive Care Nurse Radio Nurse
 - e. Unit Secretary or Emergency Medical Technician by direction of the Emergency Department (ED) Physician or Nurse



C. PROCEDURE:

1. First responder at emergent event:
 - a. Call Code Caleb Stat. Dial 66 and inform the operator to initiate “Code Caleb”
 - b. Inform the operator of the location in the emergency department (i.e. room number)
 - c. Initiate care

2. PBX Operator
 - a. Overhead Page “Code Caleb” to code location. “Code Caleb” team members may include:
 - i. ED Physician or Physician Assistant
 - ii. ED Nurse
 - iii. EMT
 - iv. Lab phlebotomist – dedicated Lab Phlebotomist
 - v. Neonatal attending physician
 - vi. Neonatal Intensive Care Unit Nurse
 - vii. Neonatal Intensive Care Unit Respiratory Care Practitioner
 - viii. Social Services
 - ix. Security
3. Assessment, care, and evaluation of the Neonate / Infant shall be provided by the resuscitation teams in accordance with following the guidelines:
 - a. Management of the resuscitation team shall belong to the Emergency Physician and includes coordination, performance and delegation of activities
 - b. The Neonatologist shall be responsible for assistance in the management of the resuscitation
 - c. The ED Charge Nurse:
 - i. Direct code team personnel to code location
 - ii. Assign Primary ED Nurse to patient if new ED arrival and provide additional help to primary nurse if already an ED patient.
 - iii. Make arrangements for transfer and provide additional if necessary until patient is transferred out of emergency department.
 - d. The ED Primary nurse: Responsible for the nursing care of the patient in the ED.
 - e. The NICU nurse: shall collaborate with the Emergency Nurse in the provision of nursing care respective to each nurse’s specialty and expertise.
 - f. The NICU RCP: assist physicians with airway management and ventilatory support
 - g. The EMT: Assists as directed by the primary ED nurse
 - h. Security Officer: assist with directing traffic during Code and security issues as applicable
 - i. Social Services: provide support to extended family members during and after Code event
 - j. All Nurses and RCP team members must be currently trained in a formal resuscitation program: (Neonatal Resuscitation Program - NRP) or Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC).
4. Documentation of all assessments and interventions shall be completed by licensed professional(s) performing the care.



D. REFERENCES:

1. American Heart Association. (2010). Part 7: Neonatal resuscitation – from the 2010 international census conference on cardiopulmonary resuscitation and emergency cardiovascular care science with treatment recommendations. *Circulation*, 112, III-91-III-99.
2. American Heart Association ECC Guidelines. (2010). *Pediatric Advanced Life Support*.
3. Emergency Nurses Association (ENA) *Emergency Nursing Pediatric Course*, 3rd Ed. 2004.
4. Kattwinkel, J. (Ed). (2006). *Textbook of neonatal resuscitation* (5th ed., Vol. II). Elk Grove Village: American Academy of Pediatrics and American Heart Association.
5. Karlsen, K. (Ed.). (n.d.). Post-resuscitation/pre-transport stabilization of care of sick infants. In *The S.T.A.B.L.E Program, Guidelines for Neonatal Healthcare Providers* (5th ed.).