



Tri-City Medical Center
ADVANCE[™]

With the right personnel on site and the right equipment in place, Tri-City Medical Center diagnosed and resuscitated 3-day-old Caleb Peltier.

CALEB'S STORY

Right Place, Right Time

In September 2010, 3-day-old Caleb Peltier arrived by ambulance at Tri-City Medical Center's Emergency Department and was unresponsive.

The Emergency Department team resuscitated Caleb and paged the hospital's head neonatologist who happened to be on hand in the Neonatal Intensive Care Unit that day. Working with staff, Dr. Hamid Movahhedian, who in addition to being a neonatologist is also a board-certified pediatric cardiologist, diagnosed Caleb with critical congenital heart disease, a potentially fatal condition that can go undetected for up to three days after birth. With that diagnosis, Caleb's life was saved, he was stabilized and transferred to Rady Children's Hospital for surgery.

Based on Caleb's case, Tri-City's ED and NICU teams determined to make this standard of emergency neonatal care a best practice.

Caleb Inspires New Code

As a result, Tri-City Medical Center formalized a new emergency code so all babies 60 days or younger in significant distress would receive the same immediate, specialized care that saved Caleb's life.

Like most hospitals, Tri-City has a Code Pink for children under 14 who are brought into the emergency room with life-threatening conditions. Code Pink allows staff to prepare to treat children as they are handled much differently than adults. Caleb's case made emergency staff aware that Code Pink wasn't an adequate code for babies admitted with life-threatening conditions.

Initiated by Tri-City's NICU department head and authored by its clinical manager, Code Caleb enabled the emergency and NICU departments to work together to improve the care and safety of this low-volume, very high-risk patient population. The procedures included training in the field for EMTs and first responders as well as equipping the hospital's Emergency Department with a neonatal resuscitation cart with tools that are the right size for tiny patients.

The hospital's leadership, under CEO Larry Anderson who is himself a childhood polio survivor and San Diego and Imperial County March of Dimes chapter president, gave the initiative their enthusiastic blessing.

Did you know?
About **one in 120 babies** is born with congenital heart disease.

An estimated 30 babies die each year in California from undiagnosed congenital heart disease.



Tri-City Launches Code Caleb



At 9 a.m. on April 5, 2012, a voice on Tri-City's intercom system announced the commencement of "Code Caleb" in the Emergency Department. While only a mock scenario, it was the official launch of a procedure that was months in the planning.

The final drill included a house-wide page, and the team that responded had to perform a mock resuscitation as the Peltier family from Vista, Calif. looked on.

Today, Caleb is not only full of life, but helping other sick infants through a new code inspired by his case.

In the first nine months of 2012, Tri-City called seven Code Calebs. Each case invoked a rapid response from Tri-City's emergency and NICU teams due to coordination and training in preparation for the launch of the new code. Anecdotally, the Tri-City team has been pleased to see EMTs use the

training they received and some Code Calebs have been called in the field. While not all of the babies could be resuscitated, the team recognizes that this procedure has given each of these babies the best chance of survival possible.

New Law Screens Newborns

In addition to Tri-City's Code Caleb, Caleb's story was the driving force behind a new law, Assembly Bill 1731, requiring California hospitals to screen newborns for critical congenital heart defects before being sent home.

Assembly Bill 1731 requires all California hospitals to screen newborns for critical congenital heart disease.

Pulse oximetry screening, a simple, inexpensive test to measure oxygen levels, would have diagnosed Caleb's illness before he was discharged from

the hospital where he was born. As of July 2013, California hospitals must use this test to screen newborns for critical congenital heart disease.

Tri-City had already implemented a voluntary screening program of its own by early 2012 and joined forces with the Peltier family and the March of Dimes California Chapter to spearhead statewide legislation.

Two years nearly to the day that Caleb was resuscitated at Tri-City Medical Center, California became the seventh state to pass this legislation.

2012 Code Caleb Patient History (April – December 2012)

# of Code Calebs	9	
Precipitous delivery	5	56%
Cardiac arrest	4	44%
Intubated	5	56%
- Intubated by neonatologist	4	80%
Admitted to NICU	4	44%
Transferred	1	11%
Discharged	1	11%

