

**Policy:** Cardiopulmonary Resuscitation (CPR)

|                |                   |
|----------------|-------------------|
| Category       | Clinical Practice |
| Policy Number  | CL 30-08.21       |
| Approval Date  | September 2019    |
| Effective Date | September 2019    |
| Supersedes     | September 2016    |

| Applicable to   |   |
|---|---|
| <input checked="" type="checkbox"/> Adult Enterprise  | <input checked="" type="checkbox"/> Pediatric Enterprise <input checked="" type="checkbox"/> Behavioral Health Enterprise                 |
| Team Members Performing   |   |
| <input checked="" type="checkbox"/> All faculty & staff   | <input type="checkbox"/> Faculty & staff providing direct patient care or contact   |
| <input type="checkbox"/> MD   | <input checked="" type="checkbox"/> House Staff <input type="checkbox"/> APRN/PA <input type="checkbox"/> RN <input type="checkbox"/> LPN |
| <input type="checkbox"/> Other:   |   |
| Responsible Committee   |   |
| <input type="checkbox"/> Clinical Operations Committee  | <input type="checkbox"/> Pharmacy, Therapeutics, and Diagnostics Committee  |
| <input checked="" type="checkbox"/> Clinical Practice Committee   | <input type="checkbox"/> Health Record Executive Committee  |
| <input type="checkbox"/> Quality Steering Committee   | <input type="checkbox"/> Information Privacy and Security Executive Committee   |
| <input type="checkbox"/> Infection Prevention Executive Committee   | <input type="checkbox"/> Medical Center Safety Committee  |
| Content Experts   |   |
| Lead Author: Jeff Hileman – Manager, Resuscitation Program<br>Jeanne Yeatman – Program Director, LifeFlight<br>Les Wooldridge – Coordinator, Advanced Resuscitation<br>Jenny Cotton – Clinical Nurse Educator, NICU/ECMO<br>Children’s Hospital Resuscitation Committee |   |

COVID-19 UPDATE: Effective 3/16/20, resuscitation training courses may be completed up to 60 days past the expiration date.

*This update is per the American Heart Association and supersedes requirements within this policy for resuscitation training.*

**I. Purpose:**

- A. To provide resuscitation training requirements and training guidelines.
- B. To identify equipment, medication, and supplies for use in managing clinical emergencies, and available resources to assist patients, visitors, and staff experiencing cardiopulmonary arrest/medical emergencies.

- C. To set forth the function and composition of the Vanderbilt University Medical Center (VUMC) Cardiopulmonary Resuscitation (CPR) Team, and define coverage areas within VUMC.

Draft

## II. Policy:

- A. The VUMC Resuscitation Committee (CPR Committee), with input from the Monroe Carell Jr. Children's Hospital at Vanderbilt (Children's Hospital) Resuscitation subcommittee, oversees all aspects of CPR.
- B. All areas within VUMC have either an Adult or Pediatric CPR Team providing coverage for resuscitation 24 hours/day, 7 days/week.
- C. Off-campus Vanderbilt Medical Group (VMG) clinics have an alternative Medical Emergency Response Plan that is approved by the Resuscitation Committee and followed during clinical emergencies. This includes dialing 911 to activate emergency medical services (EMS) response.
- D. CPR is attempted on all persons experiencing cardiopulmonary arrest, unless otherwise specified through a valid Code Status Order and Code Status Documentation in the medical record, a valid POST form, Advanced Directive or by an established Health Care Decision Maker (e.g., Health Care Agent or individual holding Durable Power of Attorney for Health Care).
- E. Operable equipment, medication, and supplies are available at all times to manage clinical emergencies requiring CPR.

## III. Specific Education:

- A. Faculty physician and Advanced Practice Registered Nurse/Physician's Assistant (APRN/PA) training requirements are determined by individual departments.
- B. Licensed and non-licensed staff with direct patient care responsibilities are required to obtain resuscitation training according to the table below prior to the end of their orientation period and maintain a current course completion card at all times.

| Training & Education             | AHA BLS<br>ARC/MTN BLS * | AHA Heartsaver AED<br>ARC/MTN – Adult and<br>Pediatric CPR/AED | EOR | ACLS           | PEARS | PALS           | NRP | Mock Code      |
|----------------------------------|--------------------------|--|-----|----------------|-------|----------------|-----|----------------|
| Licensed Staff <sup>1</sup>      | ✓                        |  | 3   | 3              | 3     | 3              | 3   | ✓ <sup>3</sup> |
| Non-Licensed Staff <sup>2</sup>  |                          | ✓  |     |                |       |                |     |                |
| Adult - PGY 1 - 3                | ✓                        |  |     | ✓ <sup>4</sup> |       |                |     |                |
| Peds - PGY 1 - 3                 | ✓                        |  |     |                |       | ✓ <sup>4</sup> |     |                |
| Med/Peds - PGY 1 - 3             | ✓                        |  |     | ✓              |       | ✓              |     |                |
| Peds Emergency<br>Medicine       | ✓                        |  |     | ✓              |       | ✓              |     |                |
| Emergency Medicine -<br>PGY 1-3  | ✓                        |  |     | ✓              |       | ✓              |     |                |
| All PGY 4 and Above              | ✓                        |  |     |                |       |                |     |                |
| Physicians providing<br>Sedation | ✓                        |  |     | 5              |       | 5              |     |                |

\*American Heart Association (AHA) Basic Life Support (BLS); American Red Cross (ARC); Military Training Network (MTN) BLS

<sup>1</sup> Licensed Staff include RN, LPN, Respiratory Therapist, Physical Therapist, Occupational Therapist, EMT, Paramedic, etc.

<sup>2</sup> Non-Licensed Staff include Patient Care Technician, Care Partner, Patient Transport, etc., as required by departmental policy.

<sup>3</sup> Essentials of Resuscitation (EOR), Advanced Cardiac Life Support (ACLS), Pediatric Emergency Assessment, Recognition and Stabilization (PEARS), Pediatric Advanced Life Support (PALS), or Neonatal Resuscitation Program (NRP) may be substituted for Mock Code Training. Mock Code Training must be completed every 2 years.

<sup>4</sup> The Office of Graduate Medical Education (GME) maintains a list of residency programs that do NOT require ACLS and/or PALS training as approved by the Vanderbilt Health System Chief of Staff or designee.

<sup>5</sup> Physicians providing Sedation may choose to maintain ACLS, PALS or ATLS.

C. Acceptable agencies for resuscitation training: Only training from the following nationally recognized agencies is accepted at VUMC for resuscitation training:

1. American Heart Association;
2. American Red Cross; and
3. Military Training Network.

**IV. Specific Information for Areas with CPR Team Coverage:**

- A. CPR teams are made up of nurses, paramedics, respiratory therapists and physicians for both Vanderbilt University Hospital (VUH) and Children's Hospital.
- B. Calling for help: Dial 1-1111 from any VUMC phone (615-421-1111 by cell phone). Areas not directly on the medical center campus must dial 911.
- C. Support services when a STAT is announced:
  - 1. For intensive care unit (ICU) patient care areas, the Service Center immediately responds with the necessary equipment.
  - 2. For non-ICU areas, a Service Center staff member remains at the location of the STAT to assist with delivery of supplies that are not stocked on the inpatient nursing unit.
  - 3. Pharmacy Response:
    - a. In VUH, Pharmacy is available by phone to provide additional medication or consultation as needed.
    - b. In Children's Hospital, Pharmacy responds to the location of the STAT.
  - 4. When an emergency cart is used, a Service Center staff member delivers a replacement emergency cart to the location of the STAT, and places it in the original cart's location within 30 minutes.

**V. Specific Information for Areas with No CPR Team Coverage:**

- A. Initiate emergency resuscitation procedures unless an Advanced Directive/Do Not Resuscitate status can be verified.
- B. Dial 911 and initiate the site's Emergency Response Plan. (See References for offsite medical emergency plans.)

**VI. Equipment, Medication & Supplies:**

- A. Areas without CPR team coverage (i.e., VMG off-campus clinics) have equipment, medication, and supplies as specified on their Emergency Response Plan. These items are checked per specified internal procedure.

- B. Inpatient areas, treatment areas, clinics within VUMC campus, diagnostic areas, operating rooms, recovery rooms, and holding rooms maintain the following equipment:
  - 1. Emergency cart;
  - 2. Monitor/defibrillator with built-in AED mode; and
  - 3. Mouth-to-mask or bag-valve-mask ventilation device.
- C. Support services when a STAT is announced:
  - 1. In public areas designated by the Resuscitation Program; and
  - 2. In outlying clinics per each site's Emergency Response Plan.
- D. A list of the emergency cart contents (including product name, strength, and quantity) is posted on the emergency cart.
- E. The following equipment is checked daily by licensed staff using the Emergency Cart Checklist found on the emergency cart:
  - 1. Emergency cart;
  - 2. Cardiac monitor/defibrillators;
  - 3. Oxygen tanks; and
  - 4. Supplemental emergency boxes/bags (may be checked by licensed or non-licensed staff).
- F. All manual defibrillators not on an emergency cart are checked daily according to the checklist provided with the defibrillator.
- G. Address deficient, defective, or out-of-date emergency cart equipment:
  - 1. Contact the Service Center to replace emergency carts, monitor/defibrillators, and supplemental emergency boxes/bags.
  - 2. Contact Respiratory Care to replace oxygen.

## **VII. Documentation:**

- A. STAT/CPR Event
  - 1. Documentation done on Arrest Record. The Arrest Record is signed by the physician and nurse who were present for the event.

2. The following forms are found on the emergency cart:
    - a. Adult Arrest Record/CPR Orders (MC 8313).
    - b. Pediatric Arrest Record/CPR Orders (MC 8312).
    - c. Neonatal Arrest Record/CPR Orders (MC 8311).
  3. Disposition of Arrest Record
    - a. The Arrest Record is signed by physician responsible for the resuscitation and the nurse caring for the patient.
    - b. Original placed/scanned in patient's medical record.
  4. Patient Medical Record
    - a. The responsible physician enters a note regarding the event in the patient's medical record.
    - b. The nurse caring for the patient enters a note regarding the event in the patient's medical record.
- B. AED use in public area – Follow the AED Policy for documentation guidelines when an AED is used in a non-clinical setting.

**VIII. Endorsement:**

|  |                |
|--|----------------|
| Resuscitation Committee                  | June 2019      |
| Children's Policy and Practice Committee | August 2019    |
| Clinical Practice Committee              | August 2019    |
| Medical Center Medical Board             | September 2019 |

**IX. Approval:**

|   |         |
|---|---------|
| Marilyn Dubree, MSN, RN, NE-BC<br>Executive Chief Nursing Officer, VUMC       | 9/28/19 |
| C. Wright Pinson, MBA, MD<br>Deputy CEO and Chief Health System Officer, VUMC | 9/28/19 |

**X. References:**

Medical Emergency Plans for off-campus VMG clinics are maintained as individual departmental policies for patient care areas that are not covered by the CPR Team.

American Heart Association, Program Administration Manual. (2014). Retrieved from <http://www.americanheart.org/presenter.jhtml?identifier=3021292>

American Red Cross. (2014). Retrieved from <http://www.redcross.org>

The Joint Commission, Comprehensive Accreditation and Certification Manual. (2019). Retrieved via Eskind Digital Library <http://library.vanderbilt.edu/biomedical/search.php?letter=j#tab-search-databases>, then search Joint Commission. *Provision of Care, Treatment and Services Standard PC.02.01.11*

Neonatal Resuscitation Program. (2014). Retrieved from <http://www2.aap.org/nrp/>

VUMC Forms. (2019). Documents accessible via MedEx <https://eforms.app.vumc.org/medex/>. To locate documents, search by VMR number below:

VMR-E 2473 DTO\_Arrest Record Cardiopulmonary Resuscitation Orders (*prior MC 8313*)

VMR-E 2477 DTO\_Neonatal Arrest Record Cardiopulmonary Resuscitation Orders (*prior MC 8311*)

VMR-E 2476 DTO\_Pediatric Arrest Record Cardiopulmonary Resuscitation Orders (*prior MC 8312*)

VUMC Emergency Response Dispatch Flow. (2014). Retrieved from <http://edocsprod.mc.vanderbilt.edu/EDocsView.aspx?EDocsId=2803>

VUMC Policy Manual. (2019). Retrieved from <https://vanderbilt.policytech.com>.

Clinical Operations Category:

OP 20-10.08 [Health Care Decision Making - Advance Directives](#)

Clinical Practice Category:

CL 30-08.16 [Rapid Response Team Activation - Adult](#)

CL 30-08.26 [Resuscitation Status \(DNR-DNR/DNI\) – Adult](#)

CL 30-19.22 [Rapid Response Team Activation - Pediatrics](#)

CL 30-19.24 [Resuscitation Status \(DNR-Limited Resuscitation\) - Pediatrics](#)

Medication Management Category:

CL 30-02.13 [Procedural Sedation](#)

CL 30-06.08 [MM SOP - Emergency Medication Kits and Carts](#)