

MICU and Ward Medicine Resident (Intern) In-brief Medical Emergency Response Team Responsibilities

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[Medical Emergency Response Teams \(sharepoint.com\)](#)

On-call Medicine Resident Responsibilities

MICU Resident

- Responds to all Code Blues and RRTs
- Leads all Code Blues/Strokes/Hearts & RRT transfers to MICU Team
- Screens all RRTs for the following:
 - Code Blue Activation Criteria
 - Code Stroke Activation Criteria
 - Code Heart Activation Criteria

Ward Resident

- Responds to and leads all RRTs (except as noted above)
- Responds to and contributes to Code Strokes as detailed later

Code Activation Criteria

CODE BLUE

- Any medical emergency in need of BLS or ACLS care needs
- Any medical emergency that **lacks readily available necessary resources**
- The **only medical emergency response for outpatients or inpatient not located on their assigned ward**

CODE HEART

- Active chest discomfort & ST elevation on a12-lead ECG c/w acute STEMI

CODE STROKE

Last Known Well Time (LKW) \leq **8 hours** & abrupt onset of any of the following deficits:

- **Balance**– sudden balance difficulty, loss of coordination, difficulty walking, dizziness
- **Eyes** – sudden difficulty seeing in one or both eyes, double vision, blurred vision
- **Face** – sudden unilateral facial weakness/droop
- **Arm** – sudden unilateral arm and/or leg weakness
- **Speech** - sudden trouble speaking or understanding

Or

LKW \leq **23 hours** & sudden onset **hemiparesis** & any of the following:

- **Vision loss /gaze deviation** (eyes to one side)
- **Aphasia**-language deficits in expression or comprehension
- **Neglect**-patient ignoring their left side

RRT Activation Criteria (Any of the Following):

ONLY for Inpatient/CLC patients in their assigned bed

- **Urgent concern for patient clinical deterioration**
- **Systolic blood pressure:** >200 mmHg or <80 mmHg.
- **Heart rate:** >140 or <40 with symptoms or rate >160 without symptoms
- **Respiratory rate:** >26/min or <8/min or respiratory distress
- **Pulse oximetry:** <90% while on supplemental oxygen
- **Urine output:** <50 ml over 4 hours in a non-hemodialysis patient
- **Sudden change in conscious state:** new onset seizure, agitation, delirium, or somnolence
- **Sudden onset (<24 hours) of any of the following:**
 - severe headache, trouble seeing, dizziness, loss of balance or coordination,
 - trouble speaking, or understanding, unilateral weakness or numbness of the face, arm, or leg
- **Suspected infection & 2 or more of the following:**
 - RR >20, T >38 or <36, HR>90, WBC <4 or >12, altered mental status
 - SBP <90 or <100 mmHg and drop from baseline SBP by > 20 mmHg

RRT and Code Activation Process

For Inpatients/CLC located in Assigned Bed

- RRT, Code Blue, Code Stroke, or Code Heart
 - Call 5-5000 on LAN line or via Vocera “Call five, five thousand”
 - Call 202-745-8000 on a cell phone, extension 5-5000
 - Provide type of code, building, floor, room, and other helpful details
- For Code Heart Call 5-5000 and:
 - Call Cardiology fellow/attending covering MICU
 - During work-hours: Vocera: “Call the cath lab”
 - **During off-hours: Call the ED**
 - Initiate direct transfer to the cath lab or MICU

Code Blue Priorities

- **Outpatient Code Blue (low risk areas without code cart):**
 - Treatment limited to BLS (AED/Narcan available at each elevator)
 - Rapid and safe transport to ED (neck collar/back board if fall)
- **Inpatient Code Blue Priorities (high risk outpatient areas with code cart):**
 1. **BLS**
 - PPE
 - Rapidly initiate high-quality CPR (rate 100-120, depth 2.5", full recoil)
 - Ant-Post Pad Placement have built in 3-lead ECG and a bump which provides CPR feedback
 - Place back board & put bed in CPR mode (bed flat and stiff)
 - Bag Valve mask with viral filter (BVM Bag) and End Tidal CO2 (Tray on top of code cart)
 2. **ACLS**

***BLS/ACLS continues for a minimum of 3 cycles of CPR prior to terminating efforts, unless attending is present**

RRT Priorities

- Ensure rapid assessment and treatment to reverse acute problems
- **Time to antibiotic delivery of 30 minutes in suspected sepsis**
 - Immediately place STAT antibiotic order with first dose now"
 - Immediately inform pharmacy of stat antibiotic order **(5-6382)**
 - RRT Resident responsible for drug infusion within 30 minutes of RRT
 - Other Residents: assist to achieve 30-minute time to antibiotic infusion
- Rapid transfer for escalation of care needs when appropriate

Code Stroke Priorities

1. Activate Code Stroke **(5-5000)** when patient meets activation criteria
2. Call Triage Report to National Telestroke: **844-448-6877**
3. Ward/RRT Resident Activates “Telestroke” orderset in CPRS: **NCCT, CTA, Labs**
4. Patient to ED CT ASAP once safe to do so (ABCs, FSG, 20g IV, Zoll Monitor)
 - **NC Head CT is #1 priority**
 - Teleneurology Consultation #2 priority
5. Disposition:
 - tPA → MICU (**Goal: determine tPA candidates by 40 minutes; give tPA at 45 minutes**)
 - IVH or LVO in need of thrombectomy → MICU → interfacility transfer (see sharepoint)
 - Stroke but no tPA → PCU
 - No Stroke → revert RRT disposition

Code Stroke Tools to Have on Your Phone (See Sharepoint Link at Bottom of Slide)

- Code Stroke Flow
 - Includes Activation Criteria for Screening
 - Triage Report to National Telestroke Program (NTSP)
- Interfacility Transfer Process