



# Preassigning Code Team Roles in a Pediatric ICU



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## BACKGROUND AND PURPOSE

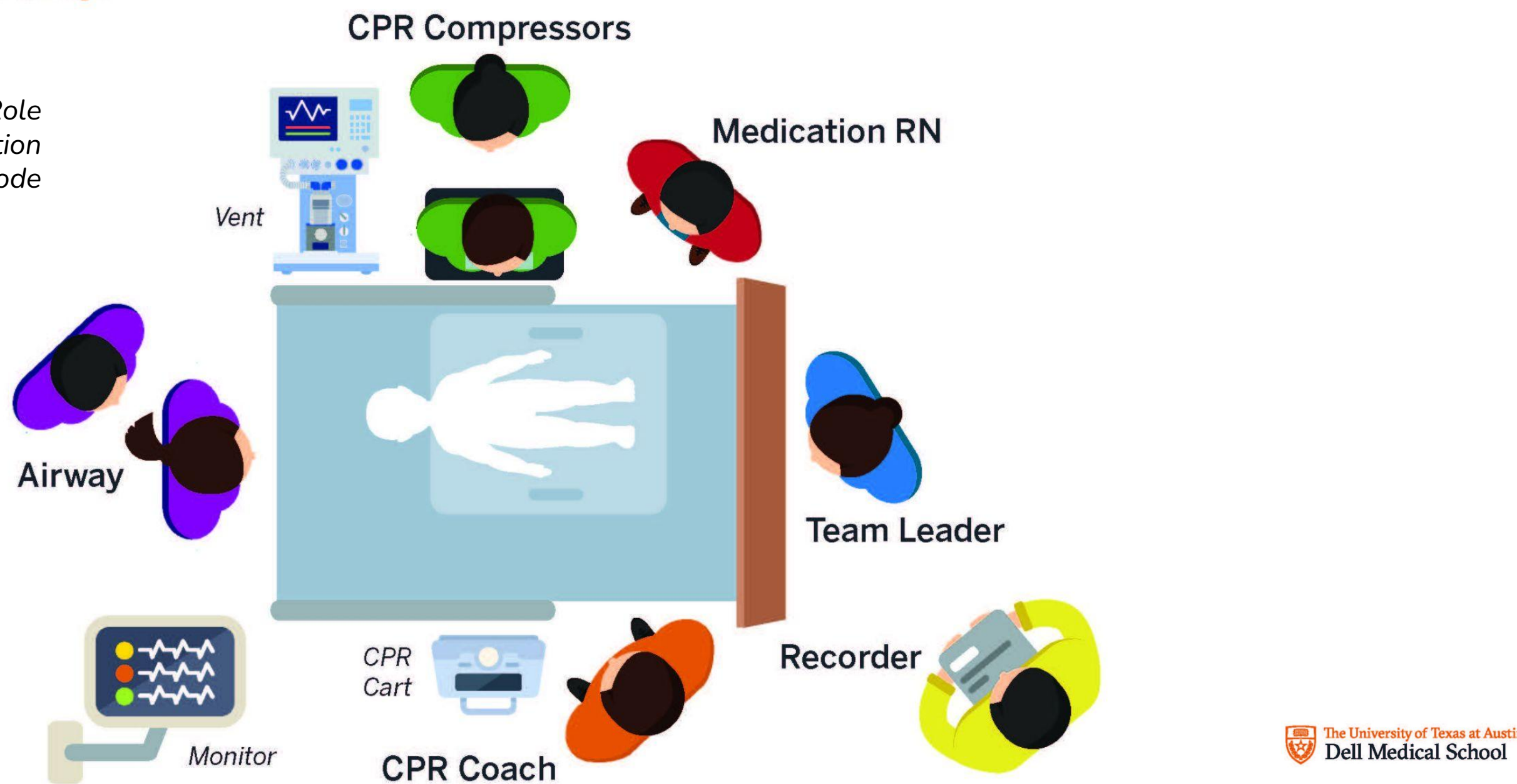
- For hospital code blue activations, BLS begins until a code team arrives and roles are assigned.
- In 2022 and 2023, role confusion was an identified concern in 16% of CPR events at our facility, and delays in care were a concern in 17%. Code team communication was also ineffective, with 33% of staff feeling it needed improvement.

Our Pediatric ICU code blue committee launched a quality improvement initiative in 2023 aimed at improving role clarity and team communication by pre-assigning code roles to specific PICU staff every shift.

## IMPLEMENTATION

- Education on the new code team roles process was conducted through staff meetings, leader rounds, and shift huddles.
- Every shift, the roles of compressor(s), CPR Coach, medication nurse, recorder, relief, runner, and unit RN were preassigned to PICU nursing and PCT staff at pre-shift huddle (Fig. 1).
- If a code occurred, the first team member to respond would initiate compressions and press the code blue button. The preassigned code team would then respond quickly, announce their role, and perform their code duties (Fig. 2).

Figure 2. Diagram of Code Role Assignments and Expected Location During Code



## RESULTS

Since preassigning code roles in the PICU:

- Perceived effectiveness of communication has improved (67 to 83% rating good or excellent, n=57, 53)
- Nurses describe greater preparedness and confidence in assuming different roles on the code team (p<0.05, n=53, 51, 40)
- Nurses report greater clarity on which role to take in the event of a code (p<0.05, n=53, 51, 40) (Fig. 3)

PICU Nurse Confidence in Code Roles

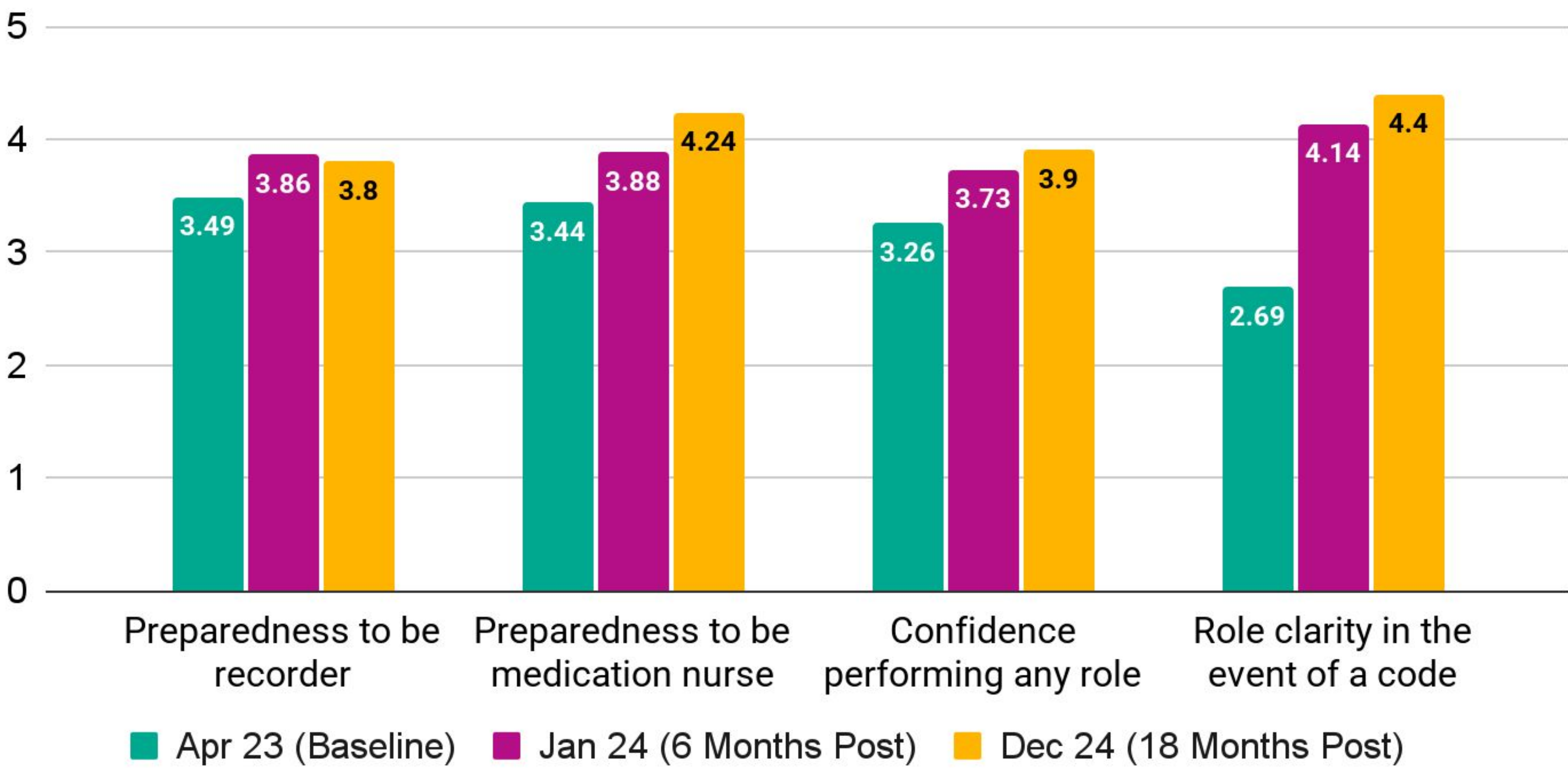


Figure 3. Perceived Nurse Confidence in Code Roles

DCMC PICU Code Roles Assignment Sheet	
Role	Nurse/PCT
<b>Compressor</b> <ul style="list-style-type: none"><li>Assists IN room</li><li>First in line to relieve primary nurse of compressions and stays in rotation, if needed</li></ul>	Jenn, RN Elise, PCT
<b>CPR Coach</b> <ul style="list-style-type: none"><li>Assists IN room</li><li>Trained individual</li><li>Sets up Zoll CPR monitor</li><li>Uses cognitive aide to coach compressor and airway</li></ul>	Victoria, RN
<b>Medication Nurse</b> <ul style="list-style-type: none"><li>Assists IN room</li><li>Draw up medications until pharmacy arrives</li><li>Administer medications once pharmacy arrives</li></ul>	Holli, RN
<b>Recorder</b> <ul style="list-style-type: none"><li>Assists IN room</li><li>Maintain accurate written record of timing of all interventions</li><li>Communicate with the team leader throughout the code regarding what interventions have been done</li><li>Complete code sheet for submission into record</li></ul>	Monica, RN
<b>Relief</b> <ul style="list-style-type: none"><li>Arrives OUTSIDE of room to receive assignment from charge nurse</li><li>Assumes the pre-assigned role of bedside nurse OR assumes the role of whoever did not show up to room (likely due to their own patient being unstable).</li></ul>	Cameron, RN
<b>Runner</b> <ul style="list-style-type: none"><li>Stationed OUTSIDE patient room to retrieve any items needed (PCT and/or Nurse)</li><li>Make calls to requested staff (x-ray)</li></ul>	Erin, PCT
<b>Unit RN</b> <ul style="list-style-type: none"><li>Stays ON UNIT to respond to any patient alarms (monitors and ventilators) and call lights</li></ul>	Tish, RN

Figure 1.

## CONCLUSIONS

- Feedback from staff affirms that preassigning code roles in our PICU has been an impactful method to improve RN confidence and communication, and reduce role confusion during CPR.
- Barriers to consistent implementation have included the use of float staff unfamiliar with roles and charge nurse noncompliance with preassignment.

## REFERENCES

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