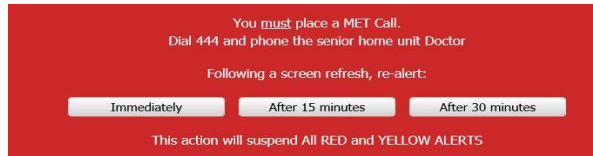




IMPORTANT NOTE: If clinically indicated, do not wait for an EMR Red Alert before calling for assistance.

In a **Code Blue** medications, infusions and investigations can be prescribed/requested via paper forms if required urgently.

In a **MET Call** it is expected that medications, infusions and investigations will be ordered on EMR.



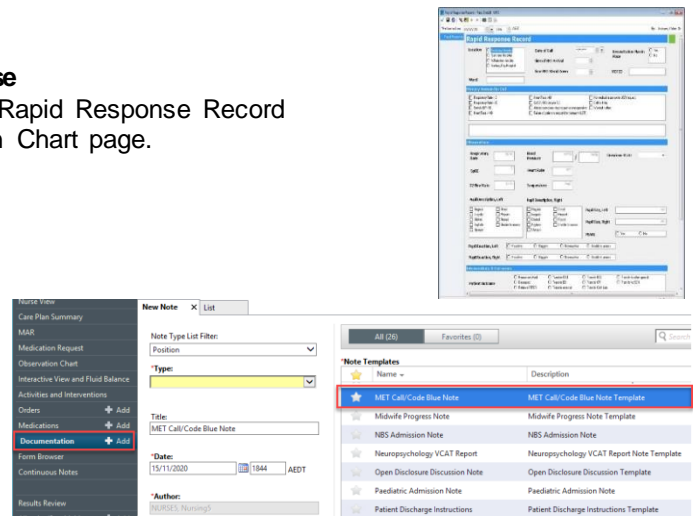
Documentation

1. Rapid Response Record Powerform – ICU Liaison Nurse

Following a MET Call, the ICU liaison nurse will complete the Rapid Response Record Powerform. This is located at the bottom of the Observation Chart page.

2. Progress Note Documentation – Medical Officer

- Select **Documentation +Add** and select the **MET Call/Code Blue Note** template to complete any further documentation.
- Click Sign/Submit, then change the Title (e.g. “Code Blue – Registrar”) and click Sign



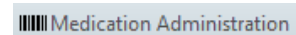
Medication & Infusion Orders

Following a **Code Blue**, it is the responsibility of the **Team Leader, the Scribe, and the Clinician who administered any medications/infusions** to confirm with each other what was administered during the code, including doses and administration times.

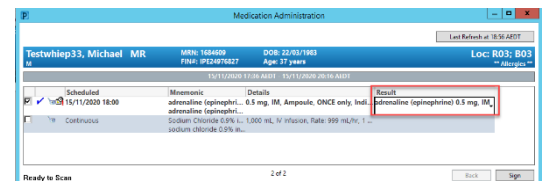
- The **Team Leader (Medical Officer)** will then place a one-off order for each medication and infusion that was administered.
- The **Clinician who administered them** will then sign off each medication/infusion using the correct administration times (retrospective documentation):



- Document medication & infusion administration via the **Medication Administration Wizard (MAW)**

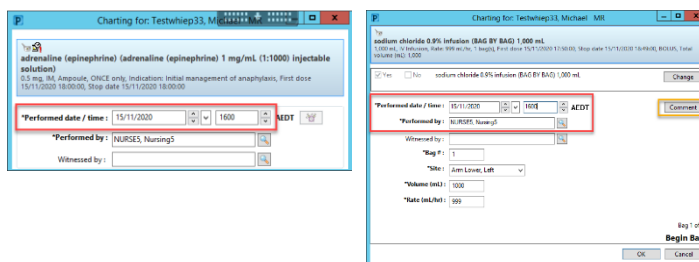


- Check the medication and/or infusion order and select the Result section to open the MAW administration window

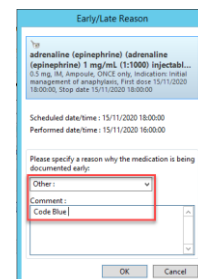




c) Modify the ***Performed date / time**



d) Add **Comment** 'Code Blue' and click OK.



e) Refresh the **MAR** and review documentation.

Medications	15/11/2020 19:03	15/11/2020 16:00
Discontinued Scheduled		
adrenaline (epinephrine) (adrenaline (epinephrine) 1 mg/mL (1:1000) injectable sol... 0.5 mg, IM, Ampoule, ONCE only, Indications: Initial management of anaphylaxis, First dose 15/11/2020 18:00:00, Stop date 15/11/2020 18:00:00		*0.5 mg
Discontinued Continuous Infusions		
heparin (additive) 25,000 units) (1,130 units/hr) Sodium Chloride 0.9% Infusion 250 ml 250 mL, IV Infusion, Rate: 11.3 mL/hr, First dose 02/10/2020 14:54:00, Use premix heparin bags, Total volume (mL): 250		
Administration Information		
heparin		
NaCl 0.9%		
sodium chloride 0.9% infusion (BAG BY BAG) 1,000 mL 1,000 mL, IV Infusion, Rate: 999 mL/hr, 1 bag(s), First dose 15/11/2020 17:50:00, Stop date 15/11/2020 18:49:00, BOLUS, Total volume (mL): 1,000		*Begin Bag 1,000 mL 9
Administration Information	1,000 mL Infuse	
NaCl 0.9%	1,000 mL	

Refer to the following QRG's if required:

Infusions – Commencing a Bag By Bag Infusion – Nursing/Midwifery

Infusions – Commencing a Truly Continuous Infusion – Nursing/Midwifery

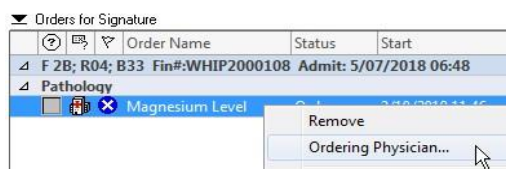
Infusions – Commencing Intermittent Infusion – Nursing/Midwifery

NB: It is crucial that ALL medications and infusions that were given during the Code are **ORDERED** and **MARKED AS ADMINISTERED** on EMR to avoid double dosing.

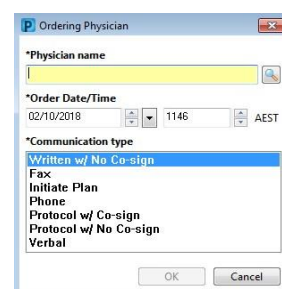
Pathology and Radiology

a) Paper request forms for pathology and radiology will be accepted during Code Blue situations if there is a clinical urgency. The results will still be available to view on EMR.

b) Alternatively, nursing staff are able to place orders on EMR **on a doctor's behalf** by right-clicking on the order, selecting **"Ordering Physician"** and then entering the doctor's name:



c) The doctor will later be able to co-sign these orders. **This will not delay the investigations.**



Modified Calling Criteria

Following a **MET Call** or a **Code Blue**, doctors must remember to **review** and, if appropriate, **modify** the calling criteria via the **ACC/Vary Freq** button on the **Observation Chart**.

Refer to the following QRG: *Observations – Altering Calling Criteria – Acute & Chronic*