

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No : JAS/04
	Manual of Operations Code Blue Policy	Date of Issue : 10/06 /2021 Issue No. : JAS/1/04 Date of Revision: AFTER 1 YEAR OF DATE OF ISSUE Revision No. : 00

SERVICE NAME :	CODE BLUE OPERATIONAL POLICY
DATE CREATED :	10/06 /2021
APPROVED BY :	DOCTOR NAME
RESPONSIBILITY OF UPDATING :	RECEPTIONIST NAME

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Purpose:

To provide Immediate Primary Life Saving Measures in Cases of Life threatening Emergencies.

A. Scope :-

Covers the following cases

- Accidents, burns and blasts
- Medical emergencies E.g.: Cardiac arrest, respiratory arrest, poisoning etc.
- Panchkarma Complications, E.g.: Shock, B.P Fall , Respiratory arrest

B. Abbreviations and Definitions

1. CPR: Cardio Pulmonary Resuscitation

Code blue: It is an event of utmost emergency, a mode of alerting all medical, paramedical and allied health care services and other personnel (house keeping, bio-medical, transport, maintenance, and security etc).

2. Responsibilities:

- Duty Doctor: is responsible for quick evaluation of the patient in need of emergency aid.
- The Duty Doctor initiates the Primary CPR to save the life of the patient and then further transfers the patient to some allopathic hospital for better emergency health care. He arranges for the announcement of code blue through the intercom to the concerned hospital staff. MS is informed in case any help is required.
- Medical Superintendent (MS) : coordinates if any help is required
- Wards: The nearest doctor is responsible for quick assessment and the announcement.
- The Duty Doctor aids in resuscitation.

C. Procedure

- The resident doctor or any other staff member may find a patient in any part of the hospital, becoming critically ill or in cardiopulmonary arrest. Primary basic life support is provided to the patient on the spot.
- The concerned Duty Doctor shall inform the emergency department to announce code blue to the concerned code blue team members clearly mentioning the location where the team needs to reach. The announcement will be made immediately with reasonable clarity and precision to enable all concerned personnel to respond as quickly as possible and reach the place of incident in the shortest possible time.

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- Soon after the announcement is heard all the concerned persons from different departments shall reach to the place of incident. The doctors from the nearest part, to start basic life support measures within 60 seconds. The doctors on duty, the housekeeping supervisor, and transport boy with a stretcher etc. shall reach the place of incident as soon as possible or not later than two minutes.
- The Duty Doctor shall work as the team leader to coordinate the CPR. Overcrowding and confusion created by too many physicians giving conflicting orders to the nursing personnel shall be discouraged.
- Other doctors after reaching the unit can leave for their respective department once they are sure that there is adequate number of concerned personnel to take care of the patient or the patient is transferred to the allopathic hospital for better emergency care.
- Once the patient is resuscitated and stabilized in the ward, he / she shall be immediately shifted to the concerned inpatient care area. The medical officer shall accompany the patient and hand him / her over to the concerned inpatient care area.
- The concerned consultant shall be informed immediately.