

## **MEDDAC/DENTAC Regulation 40-24**

**Medical Services**

# **Code Blue**

**Headquarters  
U.S. Army Medical Department Activity  
Fort George G. Meade  
2480 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5800  
6 August 2004**

**Unclassified**

# ***SUMMARY of CHANGE***

MEDDAC/DENTAC REG 40-24

Code Blue

Specifically, this revision—

- o Deletes the Allergy/Immunization (A/I) Clinic from the list of activities without crash carts, in table 2-2, because the A/I Clinic relocated to the Wellness Center, which is also listed in table 2-2.

The revision of 14 July 2004—

- o Completely revises the regulation and makes the regulation applicable to all outlying U.S. Army health clinics as well as to the headquarters of the entire medical department activity.

Department of the Army  
Headquarters  
United States Army Medical Department Activity  
2480 Llewellyn Avenue  
Fort George G. Meade, Maryland 20755-5800  
6 August 2004

\* MEDDAC/DENTAC  
Regulation 40-24

## Medical Services

### Code Blue

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**History.** This is the fourth revision of this publication, which was originally published on 31 May 2000.

**Summary.** This regulation covers policy and procedures for conducting actual and test Code Blues.

**Applicability.** This regulation applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, Kimbrough Ambulatory Care Center (KACC)), the MEDDAC's outlying clinics, and Dental Clinic Number 3 (DC#3) of the U.S. Army Dental Activity, Fort George G. Meade (DENTAC).

**Proponent.** The proponent of this memorandum is the Chief, Department of Primary Care.

**Supplementation:** Supplementation of this regulation is prohibited.

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-DPC, Fort George G. Meade, MD 20755-5800, or by fax to the MEDDAC's Command Editor at (301) 677-8088.

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\* This publication supersedes MEDDAC/DENTAC Reg 40-24, dated 14 July 2004.

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## **Chapter I Introduction**

### **1-1. Purpose**

This regulation establishes the responsibilities, policies and procedures at KACC regarding emergency (Code Blue) notification procedures to ensure rapid and effective mobilization of personnel trained in techniques of cardiopulmonary resuscitation in responses to cases of life-threatening episodes, such as cardiac arrest and respiratory arrest during scheduled hours of operation.

### **1-2. References**

Required and related publications are listed in appendix A. Prescribed and referenced forms are also listed in appendix A.

### **1-3. Explanation of abbreviations**

Abbreviations and special terms used in this memorandum are explained in the glossary.

### **1-4. Responsibilities**

a. *Commanders and chiefs of the MEDDAC's outlying clinics.* Commanders and chiefs of the MEDDAC's outlying clinics will—

(1) Determine procedures for emergency medical management based on their potential needs, staffing and emergency medical services (EMS) support.

(2) If crash carts are maintained, ensure the contents are stocked and maintained as prescribed by this regulation.

(3) Ensure their staffs are trained as prescribed by this regulation, as all training requirements of this regulation pertain to the outlying clinics as well as to KACC.

b. *The Deputy Commander for Nursing (DCN).* The DCN will ensure compliance with this regulation by all responsible nursing staff.

c. *The Chief, Department of Primary Care (DPC).* The Chief, DPC will—

(1) Update the Code Blue system as required and in accordance with (IAW) the latest evidence-based guidelines.

(2) As officer in charge (OIC) of the Code Blue Assessment Team (CBAT), periodically review the policies and procedures pertaining to the Code Blue and standardization of standard crash carts, and update them, and this regulation, as required.

d. *The Chief, Pharmacy Service.* The Chief Pharmacy Service will ensure that all crash cart medications are standardized IAW this regulation.

e. *The Chief, Plans, Training, Mobilization, Security and Education Division (PTMS&E).* The Chief, PTMS&E will ensure that training, evaluation, and tracking of Code Blue procedures is conducted a minimum of twice per year.

f. *The Noncommissioned Officer in Charge (NCOIC), White Team.* The NCOIC, White Team will test the Code Blue phones and overhead paging system monthly, IAW internal Department of Primary Care policy.

g. *The Central Medical Service (CMS) Crash Cart Noncommissioned Officer (NCO).* The CMS Crash Cart NCO will stock the crash cart as needed, following use and prior to product expiration.

**Chapter 2  
General**

**2-1. Team response to cardiopulmonary arrest**

When responding to a cardiopulmonary arrest, a team approach must be established and systematically followed by all healthcare staff who are involved.

**2-2. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) qualifications**

All staff involved with direct patient contact will be BLS certified every two years. Providers on the Code Blue Team will maintain a current ACLS card.

**2-3. Locations of crash carts**

Locations of crash carts within KACC are determined by the MEDDAC Commander and are as specified below in table 2-1 . Locations without crash carts are identified in table 2-2.

**Table 2-1  
Activities with crash carts**

Activity	Number of crash carts
CMS	1 (exchange cart)
Dental Clinic No. 3	1
Post Anesthesia Care Unit	1
Radiology	1
Same Day Surgery	1
Specialty Clinic	1
White Team/After Hours Clinic	1

**Table 2-2  
Activities without crash carts**

Activity without a crash cart	Location of the nearest crash cart
Blue Team	White Team & Dental Clinic #3
Community Health Nursing Section	Specialty Clinic
Laboratory	Radiology, White Team & Dental Clinic #3
Musculoskeletal Center	Specialty Clinic
Operating Room	Post-anesthesia Care Unit
Physical Exams Clinic	White Team & Dental Clinic #3
Red Team	White Team & Dental Clinic #3
Vision and Hearing Center	White Team & Dental Clinic #3
Wellness Center	Radiology

**2-4. Standardization of crash carts**

a. The following equipment will be on the outside of each crash cart:

- (1) Defibrillator attached to the battery unit, which will be connected to the nearest AC outlet.
- (2) A full roll of electrocardiogram paper, which will be kept in the monitor at all times.
- (3) Suction apparatus with tubing and yankauer suction tip attached.
- (4) MEDCOM Form 679-R (Emergency Resuscitation Record) and MEDDAC Form 396-R (Crash Cart Inspection Checklist), with clipboard, will be readily accessible on top of the cart.

- (5) An oxygen tank with greater than 1000 pounds of oxygen per square inch of oxygen, regulator, tubing, and a wrench.
  - (6) Adult and pediatric Ambu bags with one adult and one pediatric face mask will be contained in a drawstring bag hanging from the IV pole attached to the cart.
  - (7) Quick combo pacing pads (pediatric and adult).
  - (9) Current copy of ACLS and pediatric advanced life support (PALS) protocols.
- b. Contents of the crash cart. (See appendixes B through G).

**2-5. MEDDAC Form 396-R, Crash Cart Inspection Checklist**

MEDDAC Form 396-R (Crash Cart Inspection Checklist) will be utilized during all daily crash cart checks. An entire month's crash cart checks will be entered on the same form. A new form will be started at the beginning of each calendar month. Information entered in columns *a* (Cart lock no.) and *b* (Cart expiration date) must be legible. Enter check marks in columns *c* through *g* to indicate the presence of the required items. Enter the defibrillator battery expiration date in column *h*. The initials of the person conducting the inspection will be entered in column *i*. MEDDAC Form 396-R is a reproducible form. Copies may be made when they are needed from the electronic forms section of the MEDDAC's web site ([www.narmc.amedd.army.mil/kacc](http://www.narmc.amedd.army.mil/kacc)) or from the copy in the R-Forms section at the back of this regulation.

**2-6. The Mock Code Blue (MCB) Program**

- a. The purpose of the MCB Program is to ensure all personnel are prepared to respond to a respiratory or cardiac arrest, provide appropriate measures and procedures to sustain life until the Code Blue Team arrives, and familiarize staff with crash cart contents.
- b. KACC will conduct two MCB exercises each year; however, additional MCB exercises may be scheduled at the discretion of the unit supervisors and/or NCOICs, based on the educational needs of their staffs. Individual units will schedule all such training with PTMS&E.
- c. Outlying clinics will conduct MCB exercises as deemed necessary by the clinic commanders.
- c. PTMS&E will conduct, evaluate, and track all MCB exercises at KACC IAW internal PTMS&E policy. More frequent MCB exercises within individual work areas are highly encouraged. Copies of tracking documentation will be provided to the Executive Committee.

**Chapter 3  
The KACC Code Blue Team**

**3-1. Members of the KACC Code Blue Team**

- a. Normal duty hours, building 2480 only. The KACC Code Blue Team will consist of the following personnel during the normal duty hours of 0730-1600, Monday through Friday (except holidays):
  - (1) A White Team provider or other designated provider.
  - (2) The nurse of the day (NOD) (the White Team head nurse or designee).
  - (3) An Anesthesia Service staff member.
  - (4) A Pharmacy Service representative.
  - (5) A pediatrician (for pediatric Codes only).
  - (6) A recorder (Chief, Primary Care Nursing or Chief, Specialty Care Nursing).

(8) The Ambulance Service.

b. Non-duty hours in building 2480, and at all times (that is, during all duty and non-duty hours) in all ancillary buildings.

(1) In the event of a Code Blue, cardiopulmonary resuscitation (CPR) will be initiated and the Ambulance Section activated by calling 911.

(2) The procedure in paragraph (1) will also be followed for any Code Blue occurring in any area within the MTF that is still operational on weekdays after 1630, when the primary care clinics close.

### **3-2. Responsibilities of Code Blue Team members**

a. *The provider.* The provider will—

(1) Direct ACLS efforts.

(2) In the absence of Anesthesia Service, intubate the patient if such is indicated.

b. *The NOD.* The NOD will—

(1) Obtain IV access.

(2) Administer medications and assist with ACLS protocols.

c. *The Anesthesia Service staff member.* The Anesthesia Service staff member will provide airway support and intubate the patient if such is indicated.

d. *The Pharmacy Service representative.* The Pharmacy Service representative will act as a liaison to obtain any required medications that are not on the crash cart.

e. *The pediatrician (for pediatric patients only).* A pediatrician will be called to the scene if the patient is under 14 years of age, and may direct the Code.

f. *The recorder.* The recorder will complete MEDCOM Form 679-R.

g. *The laboratory technician.* The laboratory technician will provide support and on-the-spot test results, if needed.

h. *The Ambulance Service.* The Ambulance Service will assist with transport of the patient to the nearest civilian or military medical treatment facility (MTF) with an emergency room (ER) that will accept the patient.

### **3-3. Responding to a Code Blue**

When responding to a Code Blue, team members will respond directly to the location identified by the overhead page (that is, by the page made over the public address system) or on the cellular Code phones when called at the designated clinical areas.

## **Chapter 4**

### **Initiating a Code Blue**

#### **4-1. Initial response to discovery of a patient with cardiopulmonary arrest**

a. The first staff member who discovers a patient in a suspected, impending, actual cardiopulmonary arrest or other impending cardiovascular or respiratory emergency will call for assistance and initiate BLS while other staff members obtain the crash cart.

b. The staff will activate the code blue system by dialing 119 on any official telephone within KACC and announcing “Code Blue” with the exact location. If 119 is busy, hang up and dial again.

c. After activating the Code Blue Team, the White Team will call the KACC information

desk at 7-8741, clearly state “Code Blue,” give an exact location, and instruct the person at the desk to immediately announce this over the public address system.

d. If a Code Blue occurs in an area without a crash cart, the activity (or nearest activity) will send a runner to the nearest clinic that has a crash cart. (See table 2-2, page 2.)

e. The White Team will also call for an ambulance/activate EMS by calling 911 and 7-3911/2570.

#### **4-2. The Code Blue Team’s actions in response to a Code**

a. Upon arriving at the scene of the emergency, the Code Blue Team will assist in the delivery of BLS and/or ACLS.

b. In every situation, the provider supervising the Code will determine the extent of CPR and other emergency services rendered and where those services will be rendered (for example, at the scene or the AHC). The supervising provider will also determine if and when the patient is ready for transfer to an MTF with an ER. If the patient requires transportation to the ER of another MTF by paramedics, this will be accomplished as expeditiously as possible.

c. MEDCOM Form 679-R will be completed during and after the Code. After MEDCOM Form 679-R has been completed by the recorder, it will be reviewed and signed by the nurse in charge and the Code Blue Team Leader. The white copy will be placed in the patient’s chart and the yellow copy will be forwarded to the Code Blue Assessment Team via the Quality Management Office. This form may be requisitioned from the MEDDAC Forms Control Officer (that is, the MEDDAC Administrative Services Officer).

#### **4-3. Transportation of a Code patient to another MTF**

a. At the start of the Code Blue process, a 911-call will be initiated. The decision of when to transport the patient will be made by the provider supervising the code but the decision of where to transport the patient will be in accordance with Maryland EMS guidelines.

b. All patient care documentation and advance medical directives, as appropriate and available, should accompany the patient to the gaining MTF.

#### **4-4. MEDDAC Form 688-R, Code Blue After Action Report**

MEDDAC Form 688-R, Code Blue After Action Report, will be completed as soon as possible after termination of the Code by the senior nurse and team leader provider involved and routed through the Code Blue Assessment Team, via the Quality Management Office, within 24 hours of the patient’s resuscitation. Completion of the form is self explanatory. Comments concerning improvements to the Code Blue process and communications system failures will be entered on this form or on DA Form 4106 (Quality Assurance/Risk Management Document). When they are needed, copies may be made from the copy in the R-Forms section at the back of this regulation.

## **Chapter 5 Protocol**

### **5-1. Excessive staff**

Excessive staff in the Code area may be asked to leave by any member of the Code Blue Team.

## **5-2. Restocking of crash carts following a Code**

a. Immediately following a Code, the clinic NCOIC will coordinate with the crash cart NCO to borrow the exchange crash cart from CMS to be used as a backup crash cart until the clinic's cart is restocked.

b. The Pharmacy will supply emergency medications in a sealed tray IAW appendixes B through G.

c. The crash cart NCO will restock supplies and secure the crash cart with a plastic lock and return it to the clinic from which it was borrowed.

## **Chapter 6**

### **Code Blue System Tests**

#### **6-1. Initiation of Code Blue tests**

Response to the Code Blue cellular phone and overhead paging systems will be tested monthly by the Patient Safety Manager, or the manager's representative or designee.

#### **6-2. Response time**

Once a Code Blue test is initiated, the Code Blue team members must respond to the page immediately. Response times to Code Blue pages (by cellular phone or overhead page) will be checked and documented.

#### **6-3. Failure to respond**

Any Code Blue team member who fails to respond to a Code Blue test will be contacted by the Patient Safety Manager to determine whether he or she had received or heard the page. The appropriate department chief will be notified by the Patient Safety Manager whenever a member of his or her department fails to respond to a test.

#### **6-4. Crash cart checks**

See appendix C.

#### **6-5. Documentation of Code Blue tests**

Documentation of responses to Code Blue tests will be maintained by the Patient Safety Manager.

#### **6-6. Replacement of faulty Code phones**

Faulty Code phones will be corrected immediately by Information Management Division. A replacement Code phone will be issued if the problem cannot be corrected with a new battery.

## **Appendix A References**

### **Section I Required Publications**

This section contains no entries.

### **Section II Related Publications**

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

#### **AR 310-25**

Dictionary of United States Army Terms

#### **AR 310-50**

Authorized Abbreviations, Brevity Codes, and Acronyms

Comprehensive Accreditation Manual for Ambulatory Care, Joint Commission on Accreditation of Healthcare Organizations.

### **Section III Prescribed Forms**

#### **MEDDAC Form 396-R**

Crash Cart Inspection Checklist. (Prescribed in para 2-5.)

#### **MEDDAC Form 688-R**

Code Blue After Action Report. (Prescribed in para 4-5.)

### **Section IV Referenced Forms**

#### **DA Form 4106**

Quality Assurance/Risk Management Document

#### **MEDCOM Form 679-R**

Emergency Resuscitation Record. (This is a 3-page form. The third page is entitled Evaluation Tool for Emergency Resuscitation Record (ERR) ).

**Appendix B  
Labeling of Crash Cart Drawers**

**MEDICATIONS**

Drawer No. 1

**IV / BLOOD**

Drawer No. 2

**ANESTHESIA EQUIPMENT**

Drawer No. 3

**Top Bin**

**Bottom Bin**

Sticker with expiration dates for various contents of the crash cart.

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**Appendix C  
Crash Cart Stockage List for the Top Bin**

Laryngoscope handles: medium .....1 ea  
Straight blades (Miller): Adult 2 and 3 .....1 ea  
Curved blades (McIntosh): Adult 3 and 4.....1 ea  
Stylette, Adult .....1 ea  
Oral airways: Adult 80 and 90 .....1 ea  
Endotracheal tube, adult cuffed 7 and 8.....1 ea  
10cc syringe .....2 ea  
Tongue blade.....1 ea  
Disposable end-tidal CO<sup>2</sup> detector.....1 ea  
Stethoscope .....1 ea  
Micro shield for CPR .....1 ea  
Adhesive tape, 1 inch.....1 roll  
Tube securing device .....3 ea  
Latex-free, powder-free gloves, medium and large ...1 box ea  
Ambu bags, Adult and Child with face masks, will be maintained in a drawstring bag hanging from the IV pole on the cart.

**Appendix D  
Crash Cart Stockage List for Drawer No. 1 – Medications**

Adenosine 3 mg/ml 2 ml syringe .....	5 ea
Amiodarone 150 mg/3 ml vial .....	3 ea
Atropine Sulfate 1 mg 0.1 mcg/ml 10 ml syringe.....	3 ea
Calcium Chloride 1 gm 100 mg/ml 10 ml syringe .....	2 ea
Dextrose 50% 500 mg/ml 50 ml syringe .....	2 ea
Diphenhydramine HCl 50 mg/ml 1 ml syringe.....	2 ea
Epinephrine 1:10,000 0.1 mg/ml 10 ml syringe .....	6 ea
Epinephrine 1:1000 (1 mg/ml) 30 ml vial.....	1 ea
Flumazenil 1mg/10 ml 10 ml vial.....	2 ea
Furosemide (Lasix) 100 mg/10 ml 10 ml vial .....	1 ea
Lidocaine 2% (20 mg/ml) 5 ml syringe .....	3 ea
Magnesium Sulfate 50% (500 mg/ml) 10 ml syringe.....	1 ea
Metoprolol 5 mg/5 ml 5 ml ampule .....	2 ea
Naloxone 0.4 mg/ml 1 ml ampule.....	5 ea
Nitroglycerin spray .....	1 ea
Nitroprusside Sodium (Nipride) 50 mg vial .....	1 ea
Norepinephrine Bitartrate (Levophed) 1 mg/ml 4 ml ampule .....	1 ea
Normal Saline 5 ml Carpuject Flushes .....	20 ea
Procainamide 1000 mg/ml 10 ml vial.....	2 ea
Sodium Bicarbonate 4.2 % (pediatric) 0.5 meq/ml 10 ml syringe.....	2 ea
Sodium Bicarbonate 8.4% (adult) 1 meq/ml 50 ml syringe.....	2 ea
Sterile Water for Injection 50 cc vial.....	2 ea
Vasopressin 20u/1cc vial .....	4 ea
Verapamil (Calan) 5 mg 2.5 mg/ml 4 ml vial.....	5 ea
Tubex Handle.....	2 ea
Carpuject Handle .....	2 ea
Male Adapters.....	5 ea
Cardizem 25 mg/5 ml syringe.....	2 ea
Esmolol 10 mg/ml vials .....	2 ea
Epipen (adult).....	1 ea
Epipen (pediatric).....	1 ea

**Premixed Medications (see appendix G) kept in Top Side Bin**

Dopamine 400 mg/250 ml D5W premix  
 Lidocaine 1 g/250 ml D5W premix  
 Nitroglycerin 50 mg/250 ml D5W premix  
 Heparin 12,500 U/250 ml D5W premix

**Appendix E**  
**Crash Cart Stockage List for Drawer No. 2 – IV / Blood**

Angiocaths 14, 16, 20, 22 and 24g.....	2 ea
Angiocath 18g.....	5 ea
18g Needle INJ .....	10 ea
1 inch needle, 22g .....	10 ea
Syringes (Luer lock ) 3cc.....	2 ea
Syringes (Luer lock ) 10cc.....	5 ea
Syringes (Luer lock ) 20cc.....	1 ea
Syringes (Luer lock ) 50cc.....	1 ea
Hypo needle, 1-1/2 inch, 20g.....	6 ea
Spinal needle, 3-1/2 inch, 18g.....	2 ea
Spinal needle, 3-1/2 inch, 22g.....	1 ea
Alcohol wipes .....	6 ea
Povidine iodine swabsticks .....	2 ea
RED top blood tube .....	2 ea
BLUE top blood tube.....	2 ea
PURPLE top blood tube.....	2 ea
Pediatric RED top blood tube .....	3 ea
Pediatric PURPLE top blood tube .....	3 ea
#10 or #11 Blade.....	1 ea
Arterial blood gas kit .....	3 ea
Blank labels.....	5 ea
Three-way stopcock w/extension.....	1 ea
Three-way stopcock.....	1 ea
IV tubing reg drip (10-15gtt) (PRIMARY) .....	2 ea
Gauze 4X4 .....	5 ea
Gauze 2X2 .....	5 ea
Micropore tape 1/2 inch.....	1 roll
Micropore tape 1 inch.....	1 roll
Adhesive tape 1 inch.....	1 roll
Adhesive tape 2 inch.....	1 roll
Penrose drain 5/8 inch.....	2 ea
Tongue Blade .....	2 ea
Butterfly 18, 20, 21, 22, 23 and 25g .....	2 ea

**Appendix F**  
**Crash Cart Stockage List for Drawer No. 3 - Anesthesia Equipment**

(Note: All anesthesia/intubation equipment will be contained in a basin or bin that can easily be lifted out of the drawer.)

Laryngoscope handle, small and large.....	1 ea
Straight blade (Miller): Pediatric 0 and 1 .....	1 ea
Curved blade (McIntosh): Pediatric 1 and 2.....	1 ea
Stylette, pediatric .....	1 ea
Oral airway: Adult 100mm .....	1 ea
Oral airway: Pediatric 50, 60, 70mm.....	1 ea
MacGill forceps, Adult .....	1 ea
MacGill forceps, Pediatric .....	1 ea
Endotracheal tube, Adult 6, 7, 8 .....	1 ea
Endotracheal tube, Pediatric, uncuffed 2.5, 3, 3.5, 4, 4.5, 5, 5.5 .....	1 ea
LMA 3, 4, 5.....	1 ea
Syringe (Luer lock) 10cc .....	2 ea
Combi tube set .....	1 ea
E-tube securing device.....	3 ea
Nasal airway 28, 30, 32.....	1 ea
Tongue blade.....	2 ea
Batteries for ea handle .....	2 ea
Extra light bulbs for blades.....	2 ea
Cutdown tray.....	1 ea
Infant and neonate disposable mask .....	1 ea
Face masks for ambu bags: neonate.....	1 ea
Face masks for ambu bags: infant.....	1 ea
Face masks for ambu bags: child.....	1 ea
8.5 or 9 Fr Percutaneous Introducer kit .....	1 ea
Triple lumen catheter (7 or 8 Fr).....	1 ea
Oxygen connector tubing.....	1 ea
Oxygen connector (Christmas tree) .....	1 ea
Yankauer suction tip .....	1 ea
Suction tubing .....	1 ea
Salem sump tube 5, 8, 10, 12, 14, 16, 18.....	1 ea
K-Y lubricant, pkg or 1 tube.....	3 ea
Toomey syringe 500cc.....	1 ea
Y connector.....	1 ea
Straight connector .....	1 ea
O2 wall gauge w/Christmas tree.....	1 ea
Combi tube size 41.....	1 ea
Combi tube size 37.....	1 ea

**Appendix G**

**Crash Cart Stockage List for the Bottom Bin and Side Bins- Personal Protective Equipment**

**Bottom Bin**

Normal saline irrigation solution 250cc.....1 ea  
EKG pad.....1 pack  
Pedi Quick Combo pad .....1 ea  
Suction catheter 6, 8, 10, 12, 14 fr.....1 ea  
Blood pressure cuff, Adult.....1 ea  
Blood pressure cuff, Pediatric.....1 ea  
Sterile gloves, size 7, 7 1/2, and 8.....2 ea  
Sharps container.....1 ea  
Face shield with mask.....2 ea  
Splashproof gown .....2 ea  
Latex-free, powder-free gloves, medium and large .....1 box ea  
Quick Combo pad .....2 ea  
Sterile gown .....1 ea  
Regulated medical waste bag (red bag) .....1 ea

**Side Bin 1**

Dopamine Premix (400mg/250ml D5W; 1600mcg/cc) 1 ea  
Lidocaine Premix (1 GM/250ml D5W; 4mg/cc).....1 ea  
Nitroglycerin Premix (50mg/250ml D5W).....1 ea  
Heparin Premix 12,500 units/250ml D5W (50u/cc).....1 ea

**Side Bin 2**

IV solution NS 250ml .....2 ea  
IV solution NS 500ml .....2 ea

**Side Bin 3**

IV solution NS 1000ml .....2 ea

## **Appendix H**

### **The Crash Cart Exchange Program**

#### **H-1. General**

To ensure staff are familiar with crash cart contents, units that have crash carts will conduct quarterly crash cart familiarization training, using the training crash cart in CMS. If a unit's cart is used during an actual Code or a mock Code, the cart will be immediately exchanged in CMS. *Note:* Do not bring hand-receipted items such as defibrillators or suction devices to CMS – bring only the cart.

#### **H-2. Exchange schedule**

Crash carts will only be exchanged between 0800 and 1500, Monday through Friday, except holidays. CMS will arrange all crash cart exchanges.

#### **H-3. CMS restocking responsibilities**

When a crash cart is turned in to CMS for restocking, CMS will ensure it is completely stocked with non-expired items (to include drawer 1 (see appendix D) which CMS must obtain from the pharmacy), then attach a label to the cart with the expiration date of the item on the cart that is due to expire next annotated on it.

#### **H-4. Securing carts and tracking their locations**

CMS will place a plastic lock on the cart and create a roster with the lock number and cart expiration dates. CMS will track cart locations when the carts are exchanged. CMS will maintain an exchange ready cart at all times.

## Glossary

### Section I

#### Abbreviations

**ACLS**

Advanced Cardiac Life Support

**AHC**

After Hours Clinic

**BLS**

Basic Life Support

**CBAT**

Code Blue Assessment Team

**CMS**

Central Medical Supply

**CPR**

cardiopulmonary resuscitation

**DC#3**

Dental Clinic Number 3

**DENTAC**

U.S. Army Dental Activity,  
Fort George G. Meade

**EMS**

Emergency Medical Services

**IAW**

in accordance with

**KACC**

Kimbrough Ambulatory Care  
Center

**MCBTT**

Mock Code Blue Training  
Team

**MEDDAC**

U. S. Army Medical  
Department Activity, Fort  
George G. Meade

**MTF**

medical treatment facility

**NCO**

noncommissioned officer

**NCOIC**

noncommissioned officer in  
charge

**NOD**

nurse of the day

### Section II

#### Terms

**Arrest**

A cardiac and or pulmonary  
arrest.

**Code**

An alternate term for Code  
Blue

**Code Blue**

A term used to describe a  
cardiac and or pulmonary  
arrest.



## CRASH CART INSPECTION SHEET

*(For use of this form, see MEDDAC/DENTAC (Ft Meade) Regulation 40-24.)*

Unit:						Month:		Year:	
Day of mo.	Cart lock number <i>a.</i>	Cart expiration date <i>b.</i>	Defibrillator user test (unplugged) <i>c.</i>	Suction (unplugged) <i>d.</i>	O2 psi >1000 <i>e.</i>	Ambu-bags <i>f.</i>	Code sheets <i>g.</i>	Defibrillator battery expiration date <i>h.</i>	Initials <i>i.</i>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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31									

## CODE BLUE AFTER ACTION REPORT

*(For use of this form, see MEDDAC/DCC (Fort Meade) Regulation 40-24)*

**NOTE:** This form is to be completed within 30 minutes of termination of the Code by the senior nurse and team leader physician involved and routed through the Code Blue Assessment Team within 24 hours of the resuscitation.

1. Patient's history/diagnosis:	2. Date:	3. Time:
	4. Unit:	

5. How was the Code Blue announcement made?  Cellular phone  Public address system  White Team call

6. Which members of the Code Blue Team responded to the announcement? *(A blank check box indicates the member did not respond.)*  
 Provider (White Team or designated)  Pediatrician (for pediatric Codes only)  Nurse of the day  Anesthesia Service staff member  
 Chief, Primary Care Nursing, or representative  Pharmacy Service representative  Laboratory technician  Ambulance Service

7. Type of arrest:  Cardiac  Respiratory  Cardiopulmonary  Other \_\_\_\_\_

8. Suspected cause of arrest:  Myocardial Infarction  Pulmonary Edema  Dysrhythmia  Drug  Anesthesia  
 Other \_\_\_\_\_

a. Recognized by:  Nurse  Corpsman  Provider  Other \_\_\_\_\_

b. How recognized:  No respiration  No pulse  Agonal gasps  Unresponsiveness  Alarm  Monitor

9. Procedure.

a. Resuscitation was started by:  Nurse  Corpserperson  Provider  Anesthesia  Other \_\_\_\_\_

b. Cardiac arrest recognized within:  1 minute  2 minutes  3 minutes  4 minutes  Unknown

c. Effective CPR established within:  1 minute  2 minutes  3 minutes  4 minutes  5 minutes

d. Method of artificial ventilation:  Mouth to mask  Bag/mask  Bag-ET tube

10. Labs obtained: \_\_\_\_\_

11. Results.

a. Resuscitation was:  Successful  Unsuccessful If successful, respirations were:  Spontaneous  None  Intubated

b. Consciousness:  Conscious  Unconscious  Semi-comatose c. ECG:  NSR  Other

d. Transportation:  Yes  No e. Destination: \_\_\_\_\_ f. Status:  Stable  Unstable  Deceased

12. Crash cart functioning.

ITEM(S)	PRESENT	ADEQUATE	INADEQUATE	SPECIFY
Monitor				
ECG				
Suction				
Oxygen				
Defibrillator				
Resuscitator bags				
Intubation equipment				
Drugs				
Other Supplies				

13. Patient identification: \_\_\_\_\_

14. Organization. Was the Code Blue Team Leader a. Identified?  Yes  No b. Effective?  Yes  No

15. Was unit coverage adequate during the resuscitation?  Yes  No

16. What was the duration of the procedure? \_\_\_\_\_

17. What was the disposition of the patient? \_\_\_\_\_

18. Patient left in whose responsibility? \_\_\_\_\_

**GENERAL COMMENTS**

Team Leader:

Signature/Stamp:

Supervisor/Charge Nurse:

Signature:

**RISK MANAGEMENT COMMITTEE FOLLOW UP**

NOTE: Return this form to the Quality Management Office after the follow up procedure has been completed.

1. Condition 24 hours post-arrest: *(Check all that apply.)*

Neurological deficit  Fractured ribs/sternum  Pneumothorax  Respiratory insufficiency  Cardiogenic shock

Return to pre-arrest status  Stable, but not in pre-arrest status  Other \_\_\_\_\_

2. Survival:  Up to 24 hours  24 to 72 hours  72 hours to 1 week  Discharged

3. Comments: