CODE PINK

- Recognition of any distressed fetus or neonate requires NICU (Neonatal Intensive Care Unit) and RRT (Rapid Response Team) response and attendance.
- Neonates are resuscitated according to Neonatal Resuscitation Guidelines.
- Members of the NICU resuscitation team may include:
  a) Neonatal fellow / neonatologist
  b) Pediatric resident
  c) NICU staff nurse
  d) Respiratory therapist

CODE PINK

- In BMSCH, a single designation of "Code White" indicates a cardiopulmonary or respiratory arrest in a patient within the children's hospital, but does not differentiate between neonatal and pediatric patients.
- Neonatal and pediatric patients have different needs during resuscitation events:
  - Pediatric intensivists and neonatologists have different training.
  - Pediatric arrests utilize the PALS algorithm, while neonatal arrests will employ the NRP algorithm.
  - Specialized equipment is needed in neonates due to size and physiologic characteristics.
- The Code White process was reevaluated and it was identified that we had the opportunity to improve the care we were providing to our neonatal population.
CODE PINK vs CODE WHITE

CODE PINK: Planning
- Right patient population
- Right place
- Right people
- Right equipment
  - Who will bring
  - What is needed
  - Where will it be kept
- Right process
  - Use of existing process to flatten staff learning curve

CODE PINK: Decisions
- A CODE PINK will be called by any member of the patient care team in the event of:
  - Deterioration of neonate despite intervention by the NICU RRT
  - Unanticipated neonatal cardiopulmonary or respiratory arrest
  - Acute and critical obstetrical conditions with reasonable expectation that additional support beyond the NICU RRT will be required at the time of birth
CODE PINK: Process

- **CODE PINK**: May be initiated by calling the designated code number and giving the operator the exact location of the code.
- It is anticipated that such events may occur in NICU, Labor and Delivery, Nursery, 3 Tower, or the ED (in the event of a CODE OB).
- For any neonate that is discharged and is readmitted to NICU, and requires resuscitation, a Code Pink will be called.
- For any neonate that is discharged and is readmitted to the Emergency Department or any other pediatric unit, and requires resuscitation, a Code White will be called.

CODE PINK: Outcomes

- Auditing codes
  - Timing
  - Appropriate care delivery
- Staff attendance
- Documentation
- Medication delivery
- Resuscitative efforts

CODE PINK Team members

- NICU Rapid Response Team
- Anesthesia
- NICU charge nurse
- Pharmacist
- Security officer
- Chaplain
- X-ray technician
- Nursing supervisor on off shift and weekends
CODE PINK Documentation

CODE PINK Education

- Imperative that process for calling Code Pink could be initiated without fail
- Involvement of telecommunications, pastoral care, pharmacy, radiology, anesthesia and clinical supervision in didactic education in addition to the nursing staff and physician providers
- Clinical education
  - Series of called Code Pink in places where it had been determined that the neonate would be coded
    - ED
    - Antepartum Unit
    - Postpartum Unit
    - NICU
    - Labor and Delivery

CODE PINK Education

- Clinical education created more work
  - Proper surgical attire in OR
  - Access issues in locked units
  - Pharmacy
  - Telecommunication
  - Communication and documentation
- Debriefing
  - All mock codes were debriefed
  - Results brought back to quality and safety for the children’s hospital for review
CODE PINK: Ongoing Issues and Successes

- Communication
  - Telecommunication
  - Bedside communication
- Buy in from OB providers
- Equipment
- Documentation
- Incorporation of Code Pink into yearly skills
- Incorporation into orientation and hospital wide education
- Incorporation into NRP skills validation

REFERENCES