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# Adult Congenital Heart Association

## Cardiopulmonary Resuscitation (CPR): Code Blue Policy for Adults

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

### Purpose

Indicate why this policy is in place and the population it benefits.

### Policy Statement

State the actual policy for cardiopulmonary resuscitation of adults. This statement can be a brief overview of the policy, but please reference:

- General requirements for a code blue
- Personnel that provide care
- ACLS trained Code teams

### Procedures

Describe the specific procedures, timelines, and triggers of a Code Blue. Please include details about:

- Individual(s) who oversee the Code Blue process
- Code Blue team and/or personnel involved
- Requirements regarding certifications/qualifications for members of the code team and/or personnel involved
- Documentation procedures
- Equipment utilized in a Code Blue
- ACLS trained individuals in any location an ACHD patient can receive care
  - We want to ensure that there are ACLS trained personnel wherever an ACHD patient can receive care.

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy for the cardiopulmonary resuscitation of adults.

### Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

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### Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of J Outpatient Services. It is not a requirement. Please save the document with J2 in the title so that we know which policy/procedure the uploaded document references.