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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 where 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** individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

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Helpful Tips

Please upload any documentation or examples of the above policy to the “additional files” section of your application.

Section J: Outpatient Services. These documents should be labeled with “**J2**” only in the title so that each policy/plan can be easily identified.