1, 2, 5 Campaign: Mastering the First 5 Minutes of a Code
Objectives

- Overview of MET and the 1-2-5 Strive to Revive impacts on codes
- Overview of AHA Gold Standards
- Overview of code Roles and responsibilities
Medical Emergency Team Overview

AMET (Adult)
- 2007 established - ED based team to service main campus
- 2010 became a dedicated team for Main Campus

Team:
- Staff Physician and/or LIP
- Critical Care RN
- Respiratory Therapist

CMET (Cardiac)
- 2008 established as a dedicated team in the Heart & Vascular Institute

Team:
- Critical Care Staff Physician
- Cardiovascular Fellow
- Cardiothoracic Surgery Fellow
- Critical Care RN
- Respiratory Therapy
MET Team Tools

- EPIC filters and hospital staff
- Proactive floor rounding twice daily
- Easily accessible by phone or pager
- Promote culture of “early recognition and activation” of MET teams (“At Risk”)
- Educational in-services and Mock codes
Testimonial
Code Overview

Each minute a patient is down, their chance of survival decreases by 10%.
AHA Gold Standard #1
CPR within 1 minute of arrest

High Quality CPR

- Push hard & fast (rate of at least 100 compressions per minute)
- Allow full chest recoil after each compression
- Minimize interruptions
AHA Gold Standard #2
Early defibrillation within 2 minutes

- Time to first shock within 2 minutes of the arrest
  - May manually defibrillate or use AED depending on your location, equipment and training
  - Deliver one shock at a time – no stacked shocks
  - Is part of BLS
AHA Gold Standard #3
First IV/IO EPI/Vaso within 5 minutes

- 1mg Epinephrine 1: 10,000 IV/IO every 3-5 minutes
- Vasopressin 40 units IV/IO in place of the first or second dose of epi that would be given
## Education Matters

<table>
<thead>
<tr>
<th>Year</th>
<th>Time to First Chest Compressions (within 1 min)</th>
<th>Time to First Shock (within 2 min)</th>
<th>Time to First Epi/Vaso (within 5 min)</th>
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</thead>
<tbody>
<tr>
<td>2009</td>
<td>97.5%</td>
<td>47.8%</td>
<td>75.0%</td>
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<tr>
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<td>62.5%</td>
<td>62.9%</td>
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<td>2011</td>
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<td>75.0%</td>
<td>79.4%</td>
</tr>
<tr>
<td>2012</td>
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<td>63.6%</td>
<td>75.0%</td>
</tr>
<tr>
<td>2013</td>
<td>99.3%</td>
<td>65.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td>2014 YTD September</td>
<td>98.8%</td>
<td>91.7%</td>
<td>86.2%</td>
</tr>
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Code Roles and Responsibilities
Mock Code
Documentation
Immediate Code Blue Debrief Form

Cleveland Clinic

HVI/CMBT Immediate Code Blue Debrief Form

Unit/Bed: __________ Admit Date: __________
Event Date: __________ Primary Service: __________
Event Time: __________

Staff Members Present:

PMH/Events leading to call:

Events Leading to Emergency
1. When did you notice the patient was decompensating?
2. What did you attempt before calling CMBT?
3. Were there any barriers to calling code?

Emergency Response Activities
4. Were there any challenges with CPR?
5. Were there any challenges defibrillating patient?
6. Were there any challenges preparing medications?
7. Were there any challenges administering medications?
8. Were there any challenges ventilating the patient?
9. Were there any challenges intubating patient?
10. Were there any challenges assisting patient?

Paging issues: □ Equipment Issues: □
Response Issues: __________

Code Sheet Documentation: REVIEW ACTUAL DOCUMENTATION FOR POINT OF CARE EXCEPTIONS PER GET WITH THE GUIDELINES
□ CPR started within 1 min - Y or N □ CPR □ Compression + □ Pulse documented with CPR
□ Defib done, 2 min - Y or N □ Defib set up
□ Defib times doc - accurately - Y or N □ Defib bedside - accurately - Y or N
□ First aid given within 5 min - Y or N □ Medication records (medication) - Y or N
□ Airway secured within 1 min - Y or N □ Respirations □ Spontaneous OR □ BVM Assist
□ ETT placement confirmed: □ ETT □ Breathing Sounds □ Direct Visualization

Reflection/Self Appraisal
1. What went well?
2. How well did the team function?
3. How could you have been more efficient?
4. Were instructions clear among team members?
5. What did you learn?

Dropper of Choice: □ Caffeine □ Calm/Organized □ Too many staff □ Too loud to hear
Roles Clearly Identified - Y or N

This document is not part of the patient's permanent medical record

[This document is intended for Quality Review purposes only and contains confidential, protected information as required by the Health Insurance Portability and Accountability Act (HIPAA)].
Questions