



<b>Manual: Emergency Preparedness</b>		<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Section:</b>	Code Pink	<b>Number:</b>	
<b>Pages:</b>	1 of 16	<b>Effective Date:</b>	02 MAY 2019
		<b>Revision Date:</b>	13 JANUARY 2021

**Purpose**

The policy is designed to ensure that the correct people will respond to the correct place with the correct equipment. Further, it will encourage clear communication between providers. This will ensure safe, effective, consistent care for neonates requiring resuscitation.

It is understood that while suggestions are made within this document about roles it is understood that team roles may be adjusted based on resources available.

**Scope**

The policy pertains to all staff members, physicians, and midwives at Muskoka Algonquin Healthcare (MAHC).

**Policy Statement**

A Code Pink will be activated when a neonate (infant <= 28 days) is either born needing resuscitation or is later found to be requiring resuscitation. A Code Pink will not be activated where there is a previously established Do Not Resuscitate order in place. All responders must adhere to PPE protocols.

A Protected Code Pink will apply during a pandemic as outlined in appendices 5 and 6.

**Definitions**

- **Code Pink**: An organizational code that is used for any newborn in cardiac or respiratory arrest.
- **Code Pink Responders**: Clinicians (RNs, MDs, RMs, RTs) who are trained and assigned to respond to Code Pink as well as personnel from the lab and diagnostic imaging.
- **Code Pink Team**: a subset of the Code Pink Responders who remain involved in the resuscitation of the neonate.
- **Code Pink Crash Cart**: Specialized equipment cart containing supplies and equipment required to care for an unresponsive newborn. These are located in the Labour and Delivery Wards and in the OR. These are distinct from the resuscitative carts located in the ED.
- **Neonate**- infant less than or equal to 28 days.
- **AGMP**- Aerosol generating medical procedure
- **RT/RRT** - Respiratory Therapist/Registered Respiratory Therapist (synonymous) ▪ **OB RN** - Registered Nurse trained in obstetrics.
- **OB MD** - Family Physician who is an obstetrical provider.
- **RM** - Registered Midwife

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Number:</b>	
<b>Effective Date:</b>	02 MAY 2019
<b>Revision Date:</b>	13 JANUARY 2021

<b>Manual: Emergency Preparedness</b>
<b>Section:</b> Code Pink
<b>Pages:</b> 2 of 16

- BCLS - Basic Cardiac Life Support
- NRP - Neonatal Resuscitation Program
- Team Leader - the provider with the most neonatal resuscitative experience at the time. May be OBs RN, Midwife, RT, OB MD, or other MD. The Team Leader should be announced and clearly identified on the resuscitative record. The Team Leader may change if a new clinician with more experience joins the team - this change should be clearly verbalized and documented.
- Scribe - a designated individual whose sole responsibility is to capture the details and timeline of the resuscitation on the Neonatal Resuscitation Record.

**Procedure**

1. When it is determined that resuscitation is required, immediately call for assistance and activate the Code Pink system by pulling the alarm and/or notifying switchboard:

- **HDMH, Ext. 2333**
- **SMMH, Ext. 3333**

**If notifying by phone, give the exact location of the Code Pink (example: 2<sup>nd</sup> floor, East Wing nursery) see appendix 1**

Switchboard Operator:

- Receives all calls/alarms
- Announce Code Pink overhead 3 times consecutively, including the location
- Call in on-call OBS MD, RT, DI tech, lab tech, RM pager if not in the building (1888-235-6087)

2. Initiate NRP based on knowledge set and skills
3. The treatment and interventional approach to Code Pink is based on current NRP best practice and is directed by the Team Leader. See appendix 2
4. The Code Pink Responders arrive and take direction from the Team Leader. The Code Pink Responder Roles (can include but are not limited to):

Obstetric Physician/Midwife/Emergency Physician

- Responds to all Code Pink calls throughout the hospital.
- Manages the airway unless he/she delegating this to another responder (i.e. Anaesthetist or RT) as needed.
- Performs intubation, if required, unless he/she delegating this to another responder (i.e. Anaesthetist).
- Initiated and/or continues NRP protocols

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>	<b>Number:</b>
<b>Section:</b> Code Pink	<b>Effective Date:</b> 02 MAY 2019
<b>Pages:</b> 3 of 16	<b>Revision Date:</b> 13 JANUARY 2021

- Talks with family regarding the newborn’s condition, prognosis, and care requirements.
- Ensures CritiCall is called by a provider who has adequate knowledge of the situation and who is not currently the Team Leader.
- Completes appropriate documentation after communicating with CritiCall.

Second Midwife/MD

- Manages the airway if required unless he/she designates this to another responder (i.e. Anesthetist or RT), as needed
- Initiates and/or continues NRP protocols
- Talks with family during and post resuscitation
- Completes appropriate documentation

Primary OB RN

- Responds to all Code Pink calls throughout the hospital
- Assumes the role of Team Leader in the absence of a physician or midwife
- Initiates and provides NRP
- If code called is not on obstetrics ward (e.g. ER) they will bring the Code Pink Crash Cart either from the OR, or the obstetrics floor
- Ensures Neonatal Resuscitation Record is reviewed and completed at the end of the resuscitation. See appendix 3
- Ensures staff signs the record at the completion of the code

Secondary OB RN

- Brings Code Pink Crash Cart or delegates someone to bring it, as required
- Prepares and sets up T-piece resuscitator if necessary and RT not present
- Prepares and sets up SiPAP if necessary and RT not present
- Attaches oximetry
- Prepares medications as ordered - **PRIMARY RESPONSIBILITY**

Medical/Surgical/Designated Code RNs

- Acts as a Scribe using the Neonatal Resuscitation Record to document details of the resuscitation - **PRIMARY RESPONSIBILITY**. See appendix 2
- Brings Code Pink Crash Cart, if not already in room
- Ensures Neonatal Resuscitation Record is given to Primary OB RN at the end of resuscitation for final review and completion
- Other designated tasks, as required

RT

- Responds to all Code Pink calls throughout the hospital

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Number:</b>	
<b>Effective Date:</b>	02 MAY 2019
<b>Revision Date:</b>	13 JANUARY 2021

<b>Manual: Emergency Preparedness</b>
<b>Section:</b> Code Pink
<b>Pages:</b> 4 of 16

- Assists with airway management - **PRIMARY RESPONSIBILITY**
- Prepares for and assists with intubation, as required
- Prepares and sets up T-piece resuscitator, if necessary
- Prepares and sets up SiPAP, if necessary

RN Team lead/RN Manager

- Responds when available to assist where needed
  - To assess the need for post resuscitation support of Code Pink Responders
  - At the conclusion of the Code Pink, determine if the incident meets the definition of a critical incident and if so take steps to report it correctly according to the critical incident policy
5. Other disciplines will be called in as needed at the direction of the Team Leader (i.e. anaesthesia, laboratory, diagnostic imaging, and other nursing staff as necessary)
  6. At the conclusion of the Code Pink, take a few minutes as an inter-professional team to complete the “MoreOB Take-5 Debriefing tool” debriefing tool or other debriefing tool and discern whether a formal case debrief is required. See appendix 4

Cross Reference

Notes

This material has been prepared solely for the use at Muskoka Algonquin Healthcare. Muskoka Algonquin Healthcare accepts no responsibility for the use of this material by any person or organization not associated with Muskoka Algonquin Healthcare. No part of this document may be reproduced in any form for publication without permission of Muskoka Algonquin Healthcare.

References / Relevant Legislation

Narvey, M. Canadian Paediatric Society, Fetus and Newborn Committee. (2020, November 16<sup>th</sup>). Delivery room Considerations for infants born to mothers with suspected or confirmed COVID-19. <https://www.cps.ca/en/documents/position/delivery-room-considerations-infantsborn-to-mothers-with-suspected-or-proven-covid-19>

Narvey, M. Canadian Paediatric Society, Fetus and Newborn Committee. (2020, November 16<sup>th</sup>) NICU care for infants born to mothers with suspected or confirmed COVID-19. <https://www.cps.ca/documents/position/nicu-care-for-infants-born-to-mothers-withsuspected-or-proven-covid-19>

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Manual: Emergency Preparedness</b>		<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Section:</b>	Code Pink	<b>Number:</b>	
<b>Pages:</b>	5 of 16	<b>Effective Date:</b>	02 MAY 2019
		<b>Revision Date:</b>	13 JANUARY 2021

The provincial council for maternal and child health (2020, October 22<sup>nd</sup>). Maternal-Neonatal COVID-19 General guideline. [https://www.pcmch.on.ca/wpcontent/uploads/2020/10/MatNeo-COVID-19-Guide\\_OCT222020.pdf](https://www.pcmch.on.ca/wpcontent/uploads/2020/10/MatNeo-COVID-19-Guide_OCT222020.pdf)

Public Health Ontario (2020, October 5<sup>th</sup>). COVID-10 Personal Protective Equipment for neonatal resuscitation. <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/05/report-covid-19-ppe-neonatal-resuscitation.pdf?la=en>

**Appendices**

- Appendix 1 – Switchboard Algorithm
- Appendix 2 – Neonatal Resuscitation Record
- Appendix 3 – Code Pink Crash Cart Checklist
- Appendix 4 – MoreOB ‘Take-5’ Debriefing Tool
- Appendix 5 - Protected Code Pink (during a pandemic)- In the emergency room/outpatients
- Appendix 6 - Protected Code Pink (during a pandemic)- In the labour room

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



		<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>		<b>Number:</b>	
<b>Section:</b>	Code Pink	<b>Effective Date:</b>	02 MAY 2019
<b>Pages:</b>	6 of 16	<b>Revision Date:</b>	13 JANUARY 2021

Appendix 1 – Switchboard Algorithm

**CODE PINK ACTIVATION PROTOCOL**

**REGISTRATION/COMMUNICATION STAFF**

**Activated by:** OB-MD / OB NURSE / ED-MD / Midwife

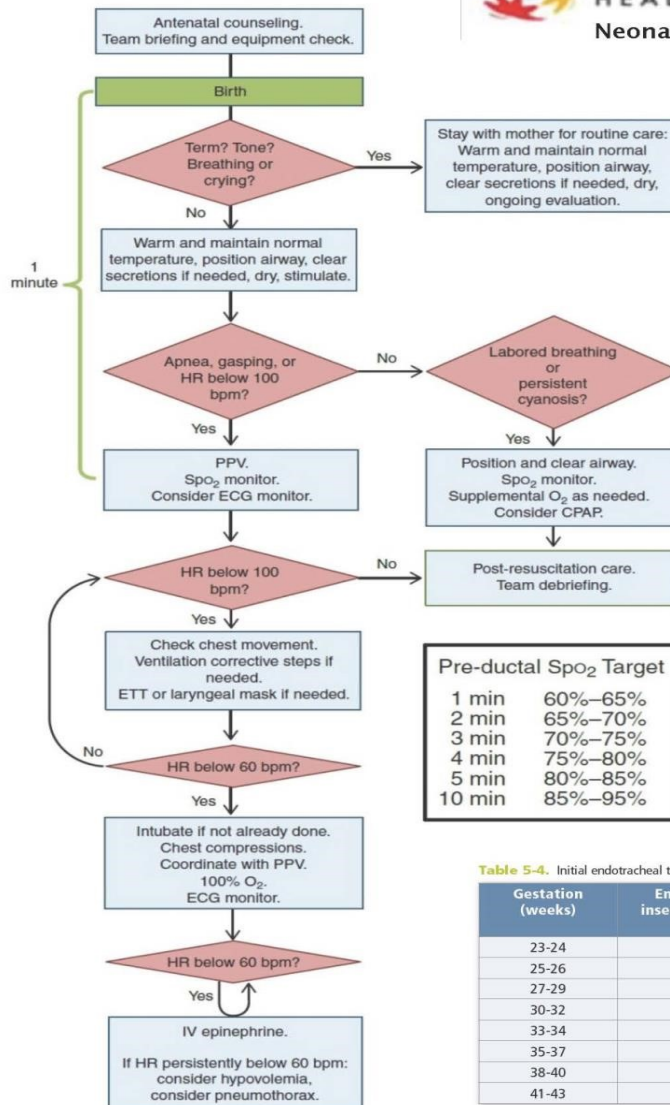
Call is made to ext. 2333 HDMH or 3333 SMMH

DATE:

STEP#	Task	Completed (tick)
1	Announce via overhead page <b><i>“CODE PINK To &lt;location&gt;</i></b>	
2	OBS MD On-Call: Estimated Time of Arrival: (unless told they are already present)	
3	Registered Midwife Pager: 1.888.235.6087	
4	If the following staff are not already in the building RRT On-call: Estimated Time of Arrival: (Note- if its known that there isn't any RT support, remind the unit)	
5	Lab Tech On-Call: Estimated Time of Arrival:	
6	DI Tech On-Call: Estimated Time of Arrival:	
	REGISTRATION STAFF NAME RESPONDING : _____ DATE: TIME:	

Appendix 2 – Neonatal Resuscitation Record

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman


**7<sup>th</sup> Edition NRP Key Points:**

- **Temp:** target 36.5–37.5 ax
- **O<sub>2</sub>:**  
GA > 35wk – start at 21%  
GA < 35 wk – 21–30%
- **PPV** if ineffective resp or HR < 100  
PIP 20–25, PEEP 5cm H<sub>2</sub>O
- **Chest compressions** if HR < 60 after 30s effective PPV.  
O<sub>2</sub> at 100%. 3:1
- **Epi** if HR remains < 60 after 60s of chest compressions
- **IV access:** UVC preferred.  
IO as alternate.
- **Naloxone** is no longer recommended as “there is insufficient evidence to evaluate the safety and efficacy.”

**Pre-ductal SpO<sub>2</sub> Target**

1 min	60%–65%
2 min	65%–70%
3 min	70%–75%
4 min	75%–80%
5 min	80%–85%
10 min	85%–95%

**Table 5-4.** Initial endotracheal tube insertion depth (“tip to lip”) for orotracheal intubation

Gestation (weeks)	Endotracheal tube insertion depth at lips (cm)	Baby’s Weight (grams)
23-24	5.5	500-600
25-26	6.0	700-800
27-29	6.5	900-1000
30-32	7.0	1,100-1,400
33-34	7.5	1,500-1,800
35-37	8.0	1,900-2,400
38-40	8.5	2,500-3,100
41-43	9.0	3,200-4,200

Adapted from Kempley ST, Moreira JW, Petrone FL. Endotracheal tube length for neonatal intubation. *Resuscitation*. 2008;77(3):369-373.

**Last Reviewed Date:** 01/31/2021 00:00:00

**Signing Authority:** Senior Leadership Team

**Next Review Date:** 01/31/2024 00:00:00

**Version:** 8.0

**Disclaimer Message:** A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.

**Date/Time Generated:** May 27, 2022 13:56

**Generated By:** MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>	<b>Number:</b>
<b>Section:</b> Code Pink	<b>Effective Date:</b> 02 MAY 2019
<b>Pages:</b> 8 of 16	<b>Revision Date:</b> 13 JANUARY 2021

 <input type="checkbox"/> HDMH <input type="checkbox"/> SMMH <b>Neonatal Resuscitation Record</b>		Surname: Given Name: DOB: MRN: <span style="float: right; color: grey;">Affix patient label here</span>					
Date	Time	Resusc Start	Resusc End				
DOB	Time of Birth	EDC					
GBS: pos/neg	Amniotic Fluid: clear/mec	GA calc/est	Wt meas/est				
RESUSCITATION TEAM		NEONATES INITIAL CONDITION					
Role	Name	<input type="checkbox"/>	<input type="checkbox"/> HR below 100, gasping, or apnea <input type="checkbox"/> Assisted Respirations <input type="checkbox"/> Spontaneous Respirations <input type="checkbox"/> HR below 60 bpm <input type="checkbox"/> Compressions started				
		<b>APGAR</b>	<b>1</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>
		<b>Total</b>					
		Component scores	Colour				
			Pulse				
			Grimace				
			Activity				
			Resp				
		Resus scores	O <sub>2</sub>				
			Vent				
			Comp				
		<b>4-Limb BP</b>	Rt arm	Lt arm	Rt leg	Lt leg	
<b>Summary of Events Leading Up to Need for Resuscitation:</b>							
PROCEDURE	DETAILS	BY WHOM	START	END			
Free Flow O <sub>2</sub>							
PPV	<input type="checkbox"/> bag/mask <input type="checkbox"/> oral a/w <input type="checkbox"/> LMA <input type="checkbox"/> ETT						
Suction for Meconium	ETT size: <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 Amt: _____ Consistency: <input type="checkbox"/> thick <input type="checkbox"/> thin						
Intubation	<input type="checkbox"/> LMA <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> NPT <input type="checkbox"/> ETT <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 Depth: _____ cm Confirmed: <input type="checkbox"/> b/l air entry <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> CXR						
Gastric Asp'n	<input type="checkbox"/> OG <input type="checkbox"/> NG <input type="checkbox"/> 5 Fr <input type="checkbox"/> 8 Fr Depth: _____ cm						
Chest Compressions	HR at initiation: HR at discontinuation:						
Peripheral IV	Location: _____ <input type="checkbox"/> 24G <input type="checkbox"/> other						
UVC	<input type="checkbox"/> 3.5 Fr <input type="checkbox"/> 5 Fr Secured at: _____ cm						
Labs ordered	<input type="checkbox"/> ABG <input type="checkbox"/> CBC <input type="checkbox"/> Glu <input type="checkbox"/> Bld Culture						
Other							

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman





<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Number:</b>	
<b>Effective Date:</b>	02 MAY 2019
<b>Revision Date:</b>	13 JANUARY 2021

**Manual: Emergency Preparedness**

**Section:** Code Pink

**Pages:** 10 of 16

Time	Temp	CBG	CARDIO		RESPIRATORY			TREATMENTS			NOTES
			HR (* = Compressions)	BP	RR	O <sub>2</sub> Sat %	CPAP / PPV	FiO <sub>2</sub> % or Free Flow (FF)	Drugs	Dose (mg)	

**Outcome of Resuscitation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRE-TRANSFER CHECK**

ETT Secured at:	cm	UVC Secured at:	cm	Lines Secured:	<input type="checkbox"/> Y <input type="checkbox"/> N
Documentation complete	<input type="checkbox"/> Y	Copies of labs/reports	<input type="checkbox"/> Y	Medications List:	<input type="checkbox"/> Y
Antenatal Records	<input type="checkbox"/> Y	Labour & Delivery Record	<input type="checkbox"/> Y		
Consultations:					
Transport Arrival:		Transport Depart:		Destination:	
Expired?	Date	Time	Parents Notified By	Coroner Notified By	Gift of Life Notified
<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Number:</b>	
<b>Effective Date:</b>	02 MAY 2019
<b>Revision Date:</b>	13 JANUARY 2021

<b>Manual: Emergency Preparedness</b>
<b>Section:</b> Code Pink
<b>Pages:</b> 10 of 16

Medications:	FLUIDS		RESUSCITATION MEDICATIONS		ANTIBIOTICS		PRETREATMENT FOR INTUBATION											
	Route	Dosage	Route	Dosage	Route	Dosage	Route	Dosage										
D10 Infusion Rate	IV	80 mL/kg per day	IV	D10 Bolus	2 mL/kg per dose	IV	Volume Expansion (Normal Saline)	10 mL/kg over 5-10 min										
		mL/hr		10 mL/kg over 5-10 min														
Epinephrine	IV	1 mL/kg per dose, rapid push	IV	Naloxone - * no longer recommended per NRP 7th ed	0.1 mg/kg per dose, rapid push	IV	Surfactant	5 mL/kg, give slowly										
		0.1 mL/kg per dose, rapid push		0.1 mg/kg per dose, rapid push														
Fentanyl (Pain)	IV	0.5-1 mcg/kg per dose, give slowly	IV	Ampicillin	50 mg/kg per dose, q12h	IV	Gentamycin	4 mg/kg per dose, q24h										
		0.5-1 mcg/kg per dose, give slowly		50 mg/kg per dose, q12h														
1. Atropine	IV	0.02 mg/kg per dose	IV	2. Diluted Fent	3 mcg/kg per dose, over 2 min	IV	3. Succinyl-choline	2 mg/kg per dose										
		0.02 mg/kg per dose		3 mcg/kg per dose, over 2 min														
Est GA, wks	Route	Dosage	Route	Dosage	Route	Dosage	Route	Dosage										
									23	500	40	1.7	1.0	5.0	0.5	0.05	0.1	0.10
25	750	60	2.5	1.5	7.5	0.8	0.08	4	0.4	38	3	0.02	2.3	1.5				
27	1000	80	3.3	2.0	10.0	1.0	0.10	5	0.5	50	4	0.02	3.0	2.0				
29	1250	100	4.2	2.5	12.5	1.3	0.13	6	0.6	63	5	0.03	3.8	2.5				
30	1500	120	5.0	3.0	15.0	1.5	0.15	8	0.8	75	6	0.03	4.5	3.0				
31.5	1750	140	5.8	3.5	17.5	1.8	0.18	9	0.9	88	7	0.04	5.3	3.5				
33	2000	160	6.7	4.0	20.0	2.0	0.20	10	1.0	100	8	0.04	6.0	4.0				
34	2250	180	7.5	4.5	22.5	2.3	0.23	11	1.1	113	9	0.05	6.8	4.5				
35	2500	200	8.3	5.0	25.0	2.5	0.25	13	1.3	125	10	0.05	7.5	5.0				
36	2750	220	9.2	5.5	27.5	2.8	0.28	14	1.4	138	11	0.06	8.3	5.5				
37	3000	240	10.0	6.0	30.0	3.0	0.30	15	1.5	150	12	0.06	9.0	6.0				
38	3250	260	10.8	6.5	32.5	3.3	0.33	16	1.6	163	13	0.07	9.8	6.5				
40	3500	280	11.7	7.0	35.0	3.5	0.35	18	1.8	175	14	0.07	10.5	7.0				
42	3750	300	12.5	7.5	37.5	3.8	0.38	19	1.9	188	15	0.08	11.3	7.5				
4000	4250	320	13.3	8.0	40.0	4.0	0.40	20	2.0	200	16	0.08	12.0	8.0				
		340	14.2	8.5	42.5	4.3	0.43	21	2.1	226	17	0.09	12.8	8.5				

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>	<b>Number:</b>
<b>Section:</b> Code Pink	<b>Effective Date:</b> 02 MAY 2019
<b>Pages:</b> 11 of 16	<b>Revision Date:</b> 13 JANUARY 2021

Time	Temp	CBC	CARDIO		RESPIRATORY			TREATMENTS			NOTES Observations, colour, tone, other meds given, response to treatments and meds, procedures, resources...	
			HR (* = Compressions)	BP	RR	O <sub>2</sub> Sat %	CPAP PPV	FiO <sub>2</sub> % or Free Flow (FF)	Drugs	Dose (mg)		Route

MEDICATION SUMMARY				
Time	Drug	Dose	Route	Response/Comments

**Last Reviewed Date:** 01/31/2021 00:00:00 **Signing Authority:** Senior Leadership Team

**Next Review Date:** 01/31/2024 00:00:00 **Version:** 8.0

**Disclaimer Message:** A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.

**Date/Time Generated:** May 27, 2022 13:56 **Generated By:** MAHC\loni.grohman





<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>	<b>Number:</b>
<b>Section:</b> Code Pink	<b>Effective Date:</b> 02 MAY 2019
<b>Pages:</b> 13 of 16	<b>Revision Date:</b> 13 JANUARY 2021

**Neonatal Crash Cart**

<b>Top of the crash cart</b>	
Code pink sheets	
Antibiotic instructions (Amp & tobramycin)	
laryngoscopes & blades	
#8/#10/#12 suction catheter	
waterproof tape	
sterile water	
manometer	
scissors	
ambu bag	

stylet	
extra masks	
ET tubes 2.5, 3.0, 3.5, 4.0, 4.5	
meconium aspirator	
Co2 detector	
ET tape ties	
Spo2 probe	
magill forceps	

<b>First Drawer</b>	
Epi preloaded 1mg in 10cc	X4
Atropine 0.1mg/ml preloaded	X3
atropine 0.4mg /ml vial	X3
Narcan 0.4mg/ml	X4
Bicarb 4.2% 0.5meq/ml preload	X3
Dextrose 50% preloaded	X2
Sterile water	X4
Normal Saline	X4
Vitamin K	X2
Erythromycin ung.	X2
Tobramycin 80mg/2ml	X2
needles- various sizes	
Syringes 1cc/3cc/5cc/10cc	
tape: transpore/ paper/ waterproof/ coban	
Intraosseous needles	

<b>First Drawer</b>	
arm board	
transparent dressings	
Blood tubes	
cord clamps & cutters	
sutures	
steri strips	
medication labels	
Batteries	
Bulbs	
ABG kits	
Guaze 2X2's	
Oral airways	
Cathlons/24G butterflies	
tourniquets	
alcohol swabs	

<b>Second Drawer</b>	
Meconium aspirators	
stopcocks	
Sterile water	
electrode stickers	
Oximeter probes	
Pneumothorax tap kit	
Elastoplast tape	
o2 tubing	
lidocaine spray/nozzles	

<b>Third Drawer</b>	
D10 IV fluid	
NS 500cc bag	
D5 500 cc bag	
N/S 250cc bag	
Pump tubing	
Secondary tubing	
Blood transfusion kits	

<b>Bottom of the Cart</b>	
Umbilical cath kit	X2
Umbilical cath tray	X2
Foley cath tray	X2
UV catheters 3.5/5/8	
Intraosseous drill (OBS cart only)	
Infant BP cuffs	

<b>Side of the Cart</b>	
Extra Suction Catheters	
Extra ET tubes	
Feeding tubes 5 & 8	
LMA's	
Stylets	

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>	<b>Number:</b>
<b>Section:</b> Code Pink	<b>Effective Date:</b> 02 MAY 2019
<b>Pages:</b> 14 of 16	<b>Revision Date:</b> 13 JANUARY 2021

Appendix 4 – MoreOB ‘Take-5’ Debriefing Tool



**“Take-5” Debriefing Tool**

The interprofessional team gathers together for a few minutes at the end of a case, or procedure, to address the following five questions:

1. What went well, why did it go well, what can we learn that we might adopt into our processes to make them better?

---



---



---

2. What did we learn?

---



---



---

3. What would we do differently next time?

---



---



---

4. Did we have any system issues, such as equipment, processes or information flow?

---



---



---

5. Who is going to follow-up to fix the problems? And by when?

---



---



---

Thank you for spending the time to share what you have learned from this experience.

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



<b>Manual: Emergency Preparedness</b>		<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Section:</b>	Code Pink	<b>Number:</b>	
<b>Pages:</b>	15 of 16	<b>Effective Date:</b>	02 MAY 2019
		<b>Revision Date:</b>	13 JANUARY 2021

Appendix 5 – Protected Code Pink (during a pandemic)

**In the emergency room/outpatients**

All Code Pinks (neonates- 28 days or less) called in the emergency department or in other outpatient departments shall be run as a Protected Code Pink.

When caring for a clinically unstable or deteriorating infant, even prior to needing AGMPs, staff should consider donning contact/droplet and airborne PPE in anticipation of a Protected Code Pink.

When staff are responding to the Protected Code Pink they must bring their appropriate fit test N95 mask with them to prevent delays and don full airborne precautions prior to entering the room. An assigned safety leader will monitor PPE (personal protective equipment) donning and doffing. Protected Code Pinks should be performed in a negative pressure room. If unavailable, a private patient space with a closed door is sufficient. Any other patients in the space should be removed. Frequency of room entry and exits should be minimized.

The minimum staff needed to safely meet the needs of the patient should attend Protected Code Pinks.

If the baby requires transportation within the hospital while receiving respiratory support, the transfer must take place in a closed incubator or isolette.

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman



		<b>Policy/Procedure Name:</b>	<b>Code Pink Policy and Procedure</b>
<b>Manual: Emergency Preparedness</b>		<b>Number:</b>	
<b>Section:</b>	Code Pink	<b>Effective Date:</b>	02 MAY 2019
<b>Pages:</b>	16 of 16	<b>Revision Date:</b>	13 JANUARY 2021
<b>Pages:</b>	16 of 16	<b>Revision Date:</b>	13 JANUARY 2021

Appendix 6 – Protected Code Pink (during a pandemic)

**In the delivery room**

Staff must use contact/droplet protection for all regular deliveries at a minimum; however, they should do a point of care risk assessment to determine if any other precautions should be taken.

Droplet/contact precautions are considered sufficient during delivery for mildly symptomatic mothers with suspected or confirmed COVID-19. Any resuscitation of these infants should be performed a minimum of 2 meters from the mother for the protection of the newborn.

Deliveries of **unwell** mothers with suspected or confirmed COVID-19 with respiratory distress plus or minus needing respiratory support should take place under droplet/ contact and airborne precautions. Wherever possible the Code Pink resuscitation should be done in a separate space from the mother (ie. in another room) to protect the newborn.

In the event of a newborn requiring longer term (4-6 hours as defined by PCMCH) respiratory support such as ventilation, CPAP or SIPAP, the team should switch to droplet/ contact and airborne precautions with N95 masks. The door of the room should remain closed with minimal entries and exits.

If the baby requires transportation within the hospital while receiving respiratory support, transfers must take place in a closed incubator or isolette.

<b>Last Reviewed Date:</b> 01/31/2021 00:00:00	<b>Signing Authority:</b> Senior Leadership Team
<b>Next Review Date:</b> 01/31/2024 00:00:00	<b>Version:</b> 8.0
<b>Disclaimer Message:</b> A printed copy of this document may not reflect the current, electronic version in the MAHC Document Management System (DMS). Any copies of this document appearing in paper form should always be checked against electronic version prior to use.	
<b>Date/Time Generated:</b> May 27, 2022 13:56	<b>Generated By:</b> MAHC\loni.grohman