Code Blue! Code Blue! – Do You Know What You’re Gonna Do?
Using In-situ simulation to educate staff nurses of the first 5 minutes of a cardiopulmonary resuscitation

Jane G. Vergara, MSN, RN, CMSRN, OCN
Annette Haynes, MS, RN, CNS, CCRN, CCNS
Nursing Quality Department, Stanford Health Care, Stanford, California

Introduction
The idea of the First 5 Simulation Training came from the study of Hunt, et. al (2008). Their study reported that there was a significant delay and deviation from the American Heart Association’s (AHA) guidelines regarding timely response to an arrest. The AHA clearly advocates for immediate cardiopulmonary resuscitation (CPR) and early defibrillation to increase the victim’s chances of survival (AHA, 2015). According to the organization’s Policy Fact Sheet (2015), “for every minute that passes without CPR and defibrillation, however, the chances of survival decrease by 7-10%.” With the new 2015 release of the AHA guidelines, it clearly advocated that an every 2-year cycle of training is not optimal (Neumar, et. al, 2015).

Background
The medical-surgical registered nurses in this 26-bed unit acknowledges that they need more training in responding to an adult cardiac arrest while waiting for the Code Blue team to arrive. Training was done using in-situ simulation training with a simulation mannequin.

Objectives
• To identify the level of comfort of a Medical-Surgical Registered Nurse in responding to an adult cardiac arrest in an in-patient setting
• To identify the advantages of in-situ simulation training in educating nurses how to respond to an adult cardiac arrest in an in-patient setting

Methods
Pre and post surveys were done with three-month increments in a 26-bed medical-surgical unit. Post-surveys were done using an electronic survey software after each simulation training with the mannequin. 20 clinical nurses volunteered to be trained and surveyed for the duration of the study.

Results
The graph shown below assessed the staff comfort and confidence perception with responding to adult cardiac arrest in their unit. This data showed that there was a significant increase in their comfort/confidence level from 0% on extremely confident to 30.8% at the end of the survey timeframe.

The second graph assessed the nurses’ level of comfort in using the defibrillator during a code blue response. Again, it showed significant improvement from 0% on extremely confident to 38.5% at the end of the survey timeframe.

The third graph measured the nurses’ knowledge on the roles of the first 3 responders while waiting for the Code Blue Team to come from 5% strongly agree to 38.5%.

Cited Literature

Conclusion
Frequent training using in-situ simulation to train and educate clinical nurses proves to be effective in this study, especially if done more frequently than the every 2-year cycle renewal. The training also showed nurses’ sustained knowledge during the 3-month increment training timeframe.

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For additional information, you may contact the presenters at:
JaneVergara@stanfordhealthcare.org
AnHaynes@stanfordhealthcare.org