Code Blue – Obstetrician and/or Paediatrician Procedure

Effective: 15 March 2021

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1. Introduction

Consistent with the National Safety and Quality Health service Standards: Standard 9 Recognising and Responding to Clinical Deterioration, the Bunbury Hospital has established an escalation procedure for Maternal and Newborn medical emergencies. This escalation procedure should be read in conjunction with the WACHS Clinical Escalation of Acute Physiological Deterioration Including Medical Emergency Response (MER) Policy.

Maternity and newborn care is a specialised area and is often already staffed by the most appropriate responders to clinical deterioration. This procedure is to provide further clarification of the specialist staff to be contacted immediately and the actions required in the event of suspected clinical deterioration of the maternal or neonatal patient within the Maternity Unit of Bunbury Hospital.

2. Procedure

2.1 Indications for Obstetrician and/or Paediatrician Emergency Response

Escalate response as per Observation and Response Chart (ORC), or if clinical concerned, or if family and or carer indicate concern as per REACH.

Specialist staff including Obstetricians and/or Paediatricians are required to be contacted immediately in the following situations:

Indications for Maternity Medical Emergency Response - Obstetrician
• As indicated by the Maternal Observation and Response Chart (MR140B)
• Undiagnosed breech with imminent birth
• True shoulder dystocia
• Eclamptic seizure
• Imminent birth preterm <35 weeks
• Uterine inversion
• Significant APH or PPH
• Prolonged fetal bradycardia – unresponsive to first aid measures
• Suspected ruptured uterus
• Umbilical cord prolapse
• Maternal compromise
• Staff or family concern
Indications for Maternity Medical Emergency Response - Paediatrician
• As indicated by the Newborn observation and Response Chart (MR140D)
• Anticipated neonatal compromise with imminent birth
• Neonatal Compromise
• Staff or family concern

3. Roles and Responsibilities

Action Card 1 – Primary Midwife

- Call for assistance by pushing "staff assist" button.
- If assistance not timely or concerned at any stage, initiate **Maternity Code Blue** response by pushing Code Blue button or dialling 55 and stating type of emergency (Code Blue Obstetrician and/or Paediatrician and location).
- Initiate BLS and ALS (where competent) care until MER Team arrive.
- Communicate patient's condition, history and progress effectively using ISOBAR.
- Document observations and escalation of care appropriately.
- Ensure resuscitation trolley nearby if MER criteria identified.
- Ensure patient notes and ORC charts are available at the bedside.
- Follow instruction by the MER leader and deliver appropriate care within scope of practice.

Action Card 2 – Maternity Ward Shift Coordinator or Appropriate Clinical Delegate

- Attend location of "staff assist" call.
- Assess the patient.
- If indicated and not already done; activate **Maternity Code Blue** response by pushing Code Blue button on Maternity Ward and calling Switchboard Operator on 55 and state:
    1. type of emergency incident – **Code Blue**; either **Obstetrician** and/or **Paediatrician**.
    2. exact location i.e. Bunbury Hospital Maternity Ward and room number.
- Maternity Coordinator or delegate to phone Obstetric and/or Paediatric consultant on-call and notify of the following:
    1. the exact location i.e. hospital, ward and room
    2. the type of incident – Maternity Code Blue; **Obstetrician** or **Paediatrician** (including relevant clinical information)
    3. and ascertain estimated time of arrival.
- Assist primary Midwife with BLS and ALS (where competent) until MER Team arrive.
- Bring Maternity Ward MER trolley to location of Code Blue
- Coordinate the notification of other members of Obstetric and/or paediatric team i.e. registrars if time allows.
- In case of Cat 1 Caesarean: proceed to theatre when Theatre Coordinator approves transfer of patient.
- Coordinate care of family members and other patients
- Coordinate the transport of the patient to a higher care facility if required.
Following the event:
- complete Datix Clinical Incident Management System (Datix CIMS) form
- arrange debrief
- schedule case review if required
- notify senior managerial staff e.g. Coordinator of Nursing and Midwifery
- Complete MER call audit tool

Action Card 3 – Switchboard Operator

- Record information on Emergency Code Action log.
- Initiate **Code Blue** block page – stating Code Blue **Obstetrician** and/or **Paediatrician** and exact location e.g. 'Maternity Code Blue – Obstetrician and Paediatrician, Bunbury Hospital Maternity, Number of room'.
- Announce over public address system twice clearly "Attention… Code Blue Obstetrician and/or Paediatrician, Bunbury Hospital, Maternity Ward, Number of room".

Maternity Code Blue Paging Group Obstetric / Paediatric	
Designation	**Paging Number**
Maternity Nurse Unit Manager	170
Clinical Midwifery Specialist	444
Roving Patient Care Assistant	208
Maternity Patient Care Assistant	203
Clinical Nurse Manager After Hours	200
Maternity Ward Coordinator	166
ED Senior Medical Officer	267
MER ED Registered Nurse	275
Duty Medical Registrar	204
ICU Registrar	439

Action Card 4 – On-Call Obstetric Consultant or Senior Registrar in Attendance

- Attend location of **Code Blue** as soon as notification received.
- Determines if Category 1 caesarean section is required.
- Communicate effectively with all team members using iSoBAR.
- Provide appropriate medical intervention as required.

If Category 1 caesarean section is required; (the Registrar may delegate this responsibility to an appropriate medical delegate, if unable to do so themselves).

In hours:
- Phone the Theatre Coordinator (ext. 1264), the Anaesthetist (Switchboard to connect call) and the on-call Paediatrician (Switchboard to connect call).
- Provide information for the Paediatrician, Theatre Coordinator and Anaesthetist including location required to attend and relevant clinical detail.
- Proceed to theatre when Theatre Coordinator approves transfer of patient.

Out of Hours:
- Phone Clinical Nurse Manager After Hours (ext. 1262) to advise Category 1 Caesarean Section required.
- Proceed to theatre when Theatre Coordinator approves transfer of patient.

Action Card 5 – On-Call Paediatric Consultant

- Attend location of **Code Blue** as soon as notification received.
- Guide, support and provide intervention treatment in consultation with clinical staff present.
- Delegate retrieval of additional equipment/medications to an appropriate nursing or other staff member as required.
- Ensure adequate documentation completed.

Action Card 6 – Code Blue Team Medical Officers

- Be Advanced Life Support (adult/paediatric/neonatal as required for the situation) competent and experienced staff member.
- Immediately attend location of incident.
- If unable to attend location of incident, due to involvement in clinical procedure, dial 55 and advise Switchboard Operator.
- Guide, support and provide intervention treatment in consultation with clinical staff present.
- Communicate effectively with all team members.
- Team leader will identify the tasks or roles required specific to the emergency.
- Team Leader will coordinate and delegate roles in accordance with priority of need and in consideration of skill levels/competency/scope of practice.
- Delegate retrieval of additional equipment/medications to an appropriate nursing or other staff member.
- Ensure situational awareness of immediate and surrounding environments including the delegation of care of all other patients to appropriate personnel.
- Maintain a safe working environment.
- Ensure adequate documentation completed.
- Provide Clinical handover to patient's home team or ICU.
- Return to normal work area when situation is controlled.

Action Card 7 – Code Blue Team (MER)

- Attend location of **Code Blue**.
- Bring MER trolley from the Emergency Department (ED).
- Provide clinical support, guidance and attain additional medications / resources as required.

Action Card 8 – Patient Flow Coordinator/Clinical Nurse Manager After Hours

- Attend location of **Code Blue**.
- Assess situation and identify if additional resources are required.
- Provide support or assistance as required including scribing.
- If Category 1 Caesarean required contact on-call theatre and anaesthetic staff (after hrs).

Action Card 9 – All Staff

If at any time the escalation process is not progressing in a timely manner, the staff member may contact the Coordinator of Nursing or Medical Administrator for advice or assistance.

4. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Evaluation

This procedure is to be reviewed every two years (or sooner if required).

6. Standards

National Safety and Quality Healthcare Standards - 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13.

7. References

Australian Resuscitation Council Guidelines

8. Related Forms

MR140B WACHS Maternal Observation and Response Chart (M-ORC)
MR140D WACHS Newborn Observation and Response Chart (N-ORC)
MR75B WACHS Newborn Medical Emergency Response (MER) Record
MR140 Medical Emergency Response (MER)/Code Blue

9. Related Policy Documents

WACHS:

Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy

Emergency (Disaster) Management Arrangements Policy

Resuscitation Education and Competency Assessment Policy

Neonatal Resuscitation Policy

Recognition and Response to Acute Deterioration (RRAD) of the Newborn Policy

Paediatric Team Attendance for 'At Risk' Births Procedure Bunbury Hospital

CAHS:
Resuscitation Algorithm for the Newborn Clinical Guideline
Resuscitation Medication and Fluids Clinical Guideline

10. Related WA Health System Policies

MP 0095/18 Clinical Handover Policy

11. Appendices

Appendix 1 - [Paediatric Observation and Response Escalation and MER](#)

Appendix 2 - [Adult and Maternity Observation and Response Escalation and MER](#)

Appendix 3 - [Switchboard Operator Emergency Code Action Log](#)

Appendix 4 - [Switchboard Operator Emergency Code Testing Log](#)

Appendix 5 - [Resuscitation Algorithm for the Neonate](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Clinical Midwifery Specialist, Maternity Unit Bunbury Hospital		
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Date of Last Review: March 2021   **Page 7 of 12**   **Date Next Review:** March 2026

Appendix 1 - Paediatric Observation and Response Escalation and MER

PAEDIATRIC OBSERVATION AND RESPONSE ESCALATION AND MEDICAL EMERGENCY RESPONSE

If at any time escalation process is nor progressing in a timely manner the staff member may contact the Regional Nurse Director 0427 900 951 or Regional Medical Director 0427 087 046 for advice or assistance.

Site: Bunbury Hospital Maternity Ward **Date Updated: August 2018**

Actions Required (as per Zone Criteria on P-ORC)	Internal Contacts	External Contacts
Increased Surveillance 1. Initiate appropriate clinical care 2. If present, manage anxiety, pain and oxygenation 3. Increase frequency of observations 4. Review 'Alterations to Calling criteria' section on front of P-ORC 5. Involve shift coordinator in decision making **Escalate care to Clinical Review if concerned about the patient** If condition deteriorates to **red parameters** at any time or the Clinical Review Process fails ESCALATE to RAPID RESPONSE/MER	**Shift Coordinator** Phone 1275 Pager 166 **Clinical Midwifery Specialist** Phone 2723 Pager 444 **Clinical Midwifery Manager** Phone 1337/0418 913 555 Pager 170	
Clinical Review 1. **Initiate** appropriate clinical care 2. **If present,** manage anxiety, pain and oxygenation 3. **Increase** frequency of observations 4. **Review 'Alterations to calling criteria'** section on front of P-ORC 5. **Must involve shift coordinator and the most senior nurse available (AHNM/ CNM)** in decision making 6. **Call treating medical officer and request a clinical review (if 'Alterations to calling criteria' are breached)** 7. **Clinical Review must occur within 30 minutes** **Escalate to RAPID RESPONSE / MER if further deterioration occurs and/or the Clinical Review has not occurred within 30 minutes**	**Shift Coordinator** Phone 1275 Pager 166 **Clinical Midwifery Specialist** Phone 2723 Pager 444 **Clinical Midwifery Manager** Phone 1337/0418 913 555 Pager 170 **Hospital Coordinator** Phone 1262 Pager 200 **Treating Paediatric Medical Off** via Switchboard dial '9' **Paediatric Consultant On Call** via Switchboard dial '9'	**RFDS Medical Advice** 1800 625 800 **NETS WA Advice** 1300 638 792 **RuralLink** 1800 552 002
Rapid Response/MER 1. **Summons** help Place emergency response call 2. **Commence BLS/ALS** 3. **Initiate** appropriate clinical care 4. **Initiate** continuous monitoring of observations 5. **Medical Officer must attend within 5 minutes** 6. **Must advise shift coordinator and the most senior nurse available (AHNM/CNM) of patients condition**	**Medical Emergency Call Process** Alert other staff; either 1. Push the nearest Code Blue bell; 2. Dial 55, state: Code Blue, ward location & bed number **Phone Primary Admitting Paediatrician or Team Doctor On Call via switch dial '9'** **Hospital Coordinator After Hours** Phone 1262 Pager 200	**RFDS Medical Advice** 1800 625 800 **NETS WA Advice** 1300 638 792
Patient requires transfer to higher care Medical (or nursing where no medical staff available) determine patient requires transfer to a higher level of care (**utilise principles for clinical handover**)	ICU/HDU doctor on call - dial '9' Hospital Coordinator **Pager 200** Phone 1262 **DON/HSM** **Phone 1422** Out of hours 0417 904 903	RFDS Medical Advice 1800 625 800 NETS WA Advice 1300 638 792 Ambulance 131 233

Tier 5 Sign Off: _____

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Appendix 2 - Adult and Maternity Observation and Response Escalation and MER

ADULT AND MATERNITY OBSERVATION AND RESPONSE ESCALATION AND MEDICAL EMERGENCY RESPONSE

If at any time the escalation process is not progressing in a timely manner the staff member may contact the Regional Nurse Director **0427 900 951** or Regional Medical Director **0427 087 046** for advice or assistance.

Site: Bunbury Hospital Maternity Ward   **Date Updated: August 2018**

Actions required (as per escalation protocol on A-ORC/M-ORC)	Internal Contacts	External Contacts
Increased surveillance 1. Inform shift coordinator 2. Record observations minimum 2/24 3. Carry out appropriate interventions as prescribed 4. Manage fever, pain, fluids, blood loss or distress 5. Review O2 requirements	**Shift Coordinator** Phone 1275 Pager 166 **Clinical Midwifery Specialist** Phone 2723 Pager 444 **Clinical Midwifery Manager** In hours 1337 / 0418 913 555 Pager 170	
Senior nurse review 1. Senior nurse/midwife must review pt 2. Senior nurse/midwife must discuss with medical officer if a clinical review is required 3. Record observations minimum 1/24 4. Review O2 requirements 5. Manage fever, pain, fluids, blood loss or distress	**Senior nurse/midwife** Phone 1275 Pager 166 **Clinical Midwifery Specialist** Phone 2723 Pager 444 **Clinical Midwifery Manager** In hours 1337 / 0418 913 555 Pager 170 **Hospital Coordinator After Hours** Phone 1262 Pager 200	**RFDS WA medical advice** 1800 625 800 **NETS WA advice** 1300 638 792 **KEMH obstetric advice** (08) 6458 2222 **Rural Link** 1800 552 00
Medical Review 1. Doctor to review patient within 30 min (via phone, videoconference or in person) 2. Record observations every 15 minutes 3. If medical review not attended within 30 minutes then initiate MER call / Emergency Telehealth Service (ETS) / Regional or District Resource Centre call	Phone treating medical officer Via switch press 'B' or Senior medical officer on call Via switch press '9'	**RFDS medical advice** 1800 625 800 **NETS WA advice** 1300 638 792 **KEMH obstetric advice** (08) 6458 2222 **RuralLink** 1800 552 002
Medical emergency 1. Place emergency response call 2. Initiate ALS/BLS protocols if required 3. Initiate on call RN/RM if required (review Advanced Health Directives)	Medical emergency call process. Alert other staff; either 1. Push the nearest Code Blue bell; or 2. Dial 55, state 'Code Blue', ward location & bed number DON/HSM In hours 1422 DON/HSM Out of hours 0417 904 903	
Patient requires transfer to higher care Medical (or nursing where no medical staff available) determine patient requires transfer to a higher level of care (utilise iSoBAR principles for clinical handover)	**HDU doctor on call** Pager Via switch press '9' Phone Via Switch press '9' **After hours manager** Pager 200 Phone 1262 **DON/HSM In hrs** 1422 **DON/HSM Out of hrs** 0417 904 903	**RFDS** 1800 625 800 **NETS WA** 1300 638 792 **Ambulance** 131 233

Tier 5 Sign Off: _____

Appendix 3 – Switchboard Operator Emergency Code Action Log

This log is to be used to record all actions taken by a Switchboard Operator during an Emergency situation.
Information that is to be included is - names of callers, details of calls, details of actions taken, date/times actions taken.
Signature/initials can be provided after the situation, but are to be signed for by the person who took the action.
A new sheet is to be completed for each emergency code. Once complete this is a legal document.

Date:		Code:	Switchboard Operator:		
Time	**Caller / Pager**	**Information Received**	**Action(s) Taken**	**Complete** ✓ ✗	**Initial**

Name: _____ Signature: _____ Designation: _____

Appendix 4 – Switchboard Operator Emergency Code Testing Log

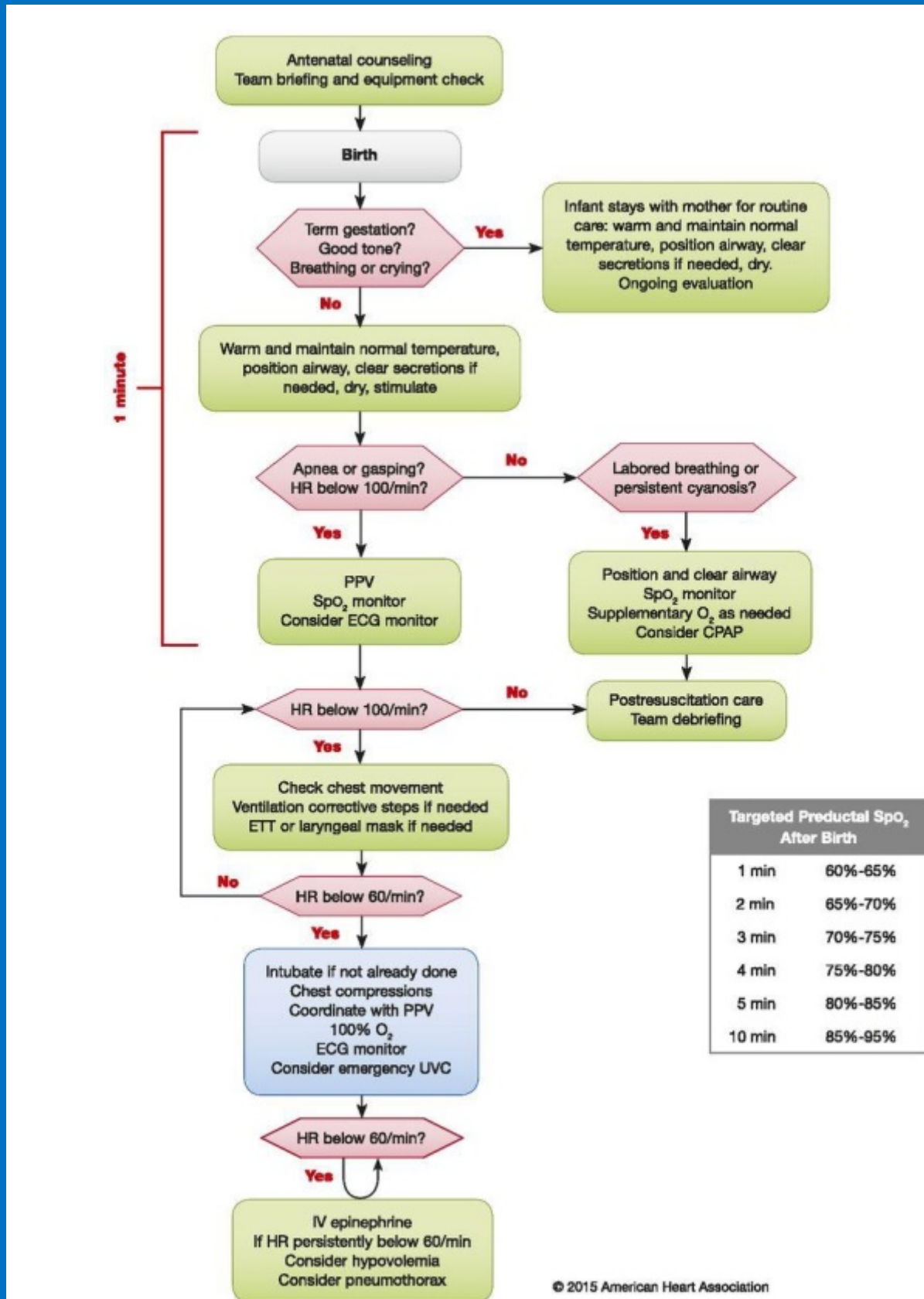This log is to be used to record Emergency Code testing performed by a Switchboard Operator.
Send message to paging group stating – "testing code _____ team pagers – please call 9"
Record those who respond. Contact anyone that doesn't respond, check if message was received on pager, if not received, submit a BEIMS.

Date:		Code:	Switchboard Operator:		
Time	**Pager**	**Responding Role**	**Comments / Issues / Actions**	**Complete ✓ ✗**	**Initial**

Name: _____ Signature: _____ Designation: _____

Appendix 5 – Resuscitation Algorithm for the Newborn

Antenatal counseling
Team briefing and equipment check

Birth

Term gestation?
Good tone?
Breathing or crying? — **Yes** → Infant stays with mother for routine care: warm and maintain normal temperature, position airway, clear secretions if needed, dry. Ongoing evaluation

No

1 minute

Warm and maintain normal temperature, position airway, clear secretions if needed, dry, stimulate

Apnea or gasping?
HR below 100/min? — **No** → **Labored breathing or persistent cyanosis?**

Yes

Yes → Position and clear airway
SpO₂ monitor
Supplementary O₂ as needed
Consider CPAP

PPV
SpO₂ monitor
Consider ECG monitor

HR below 100/min? — **No** → Postresuscitation care
Team debriefing

Yes

Check chest movement
Ventilation corrective steps if needed
ETT or laryngeal mask if needed

No

HR below 60/min?

Yes

Intubate if not already done
Chest compressions
Coordinate with PPV
100% O₂
ECG monitor
Consider emergency UVC

HR below 60/min?

Yes

IV epinephrine
If HR persistently below 60/min
Consider hypovolemia
Consider pneumothorax

Targeted Preductal SpO₂ After Birth	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%

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Must be read and used in conjunction with CAHS Resuscitation Algorithm for the Newborn Clinical Guideline - Appendix 1: WA Addendum