UCH Insider

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Medical Emergency Team's Offer You Can't Refuse: Avoid Code Blue

By Todd Neff

The UCH Medical Emergency Team helps primary care teams spot signs of a patient sliding toward cardiopulmonary arrest and, with years of intensive-care experience, advises ways to prevent a code blue...

Hospital lingo can be impenetrable to those outside the profession. But one term is familiar to fans of TV drama: "code blue."

Code blue tells medical personnel a heart has stopped. They leap into action to try and save a life. And in Hollywood, they tend to succeed.

In Colorado – and elsewhere in the real world – outcomes can be less rosy. For example, although University of Colorado Hospital's code blue "save" rate is an extraordinary 58 percent, only 26 percent of patients who descend into cardiopulmonary arrest leave the hospital alive, says Kristin Paston, RN, UCH's life support coordinator. (The national average is just 15 percent, she adds.)

MET team co-leaders Sheryl Reichenbach, left, and Kristin Paston in the surgical ICU.

To make a real difference in survival rates, providers need a head start. And that's the goal of UCH's Medical Emergency Team (MET), co-lead by Paston and colleague Sheryl Reichenbach, RN, nurse manager for the Surgical Intensive Care Unit.

UCH's MET, staffed 24/7 by a rotation of intensive care nurses and respiratory therapists, helps doctors and nurses throughout the hospital quickly recognize such "instability criteria" as changes in blood pressure, heart rate, blood oxygen level or even skin color and then intervene before a patient's heart actually stops.

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The premise that early intervention helps save patients is backed by a body of medical research that says a patient's plunge into code blue does not literally come out of the blue. Rather, patients can show signs of deterioration as long as 24 hours beforehand, Reichenbach says.

MET teams have also become a national priority. Joint Commission guidelines effective January 1, 2009 require that families of all patients be afforded access to MET teams. In UCH's case, they'll channel such requests through the primary nurse, Paston says.

"Think of the MET as the ICU coming to the patient."

Going to the MET. At UCH, the MET team has worked hard to spread the word about instability criteria. Reichenbach and Paston developed laminated yellow cards (*see side bar*) to be seen on lanyards throughout the hospital. They also spoke to dozens of groups at gatherings ranging from staff meetings to the executive council.

One of the key messages, Reichenbach says, is that nurses should trust their intuition. "It's O.K. to call the MET if your gut doesn't feel right about a patient," she says.

In fact, she adds, gut calls, along with hard data such as low blood oxygen numbers, represent the most frequent triggers of MET action.

When the MET answers a call, the on-call ICU nurse and respiratory therapist leverage their experience with critically ill patients to help guide the primary team caring for the patient.

"Think of the MET as the ICU coming to the patient," says Todd Bull, MD, a pulmonary critical care specialist and the MET team's medical liaison.

Once the team arrives and gathers information on a patient's status, interventions can include administering fluids, dealing with infections, or starting aggressive oxygen therapy to avert the patient's needing a ventilator.

Heading off a higher level of care. The primary team still makes the calls and manages the patient, Bull said, but with the benefit of experienced MET help. That's important, he says. "We do not want the perception that the MET is infringing on the primary team's autonomy but rather that they are there to help with the patient management in a deteriorating situation."

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Paston says the team's ultimate aim is to head off transfer to a higher level of care. It's an ongoing challenge.

"I think we could be better," Reichenbach says. "We're working really hard on getting nurses to call earlier."

Yellow Cards: Provider Cues, Courtesy of the MET

You may have noticed the laminated yellow cards on the lanyards of physicians and nurses throughout the hospital. They're courtesy of the Medical Emergency Team. On the front is the MET's pager number (8-6388 or 8-METT) as well as several "instability criteria" that have proven, over the years, to foretell rapid declines in health. They include:

- Major changes in heart rate
- Major changes in blood pressure
- Decrease in urine output unless normal for the patient
- Changes in a patient's color, cool extremities, or skin mottling
- Acute changes in breathing or other signs of respiratory distress
- Acute changes in blood-oxygen level
- High or low body temperatures
- Acute changes in status such as sustained alteration in mental status, agitation or restlessness.

On the back is a caregiver "cue card," including a rundown of key patient information the MET team will be asking for.

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