1. INTRODUCTION

Cardio pulmonary resuscitation (CPR) is the process of restoring circulation and respiration to preserve cerebral and other vital organ function, utilizing basic and advanced techniques that include ventilation, chest compressions, use of resuscitation drugs and electrical therapy. These efforts apply to all subsets of patients, i.e. adult, Pediatric and neonatal at Prince Sultan Military Medical City (PSMMC) and its clinics.

2. PURPOSE

The aim of this policy is to provide information how to make decisions in the delivery of cardio-pulmonary resuscitation to patients. This policy also includes administrative information with regard to the composition of the different cardiac arrest teams, resuscitation equipment, performance in the delivery of resuscitation, as well as the training requirements of staff participating in the delivery of CPR. It also provides information with regard to the duties and responsibilities of the clinical and non-clinical staff involved in the delivery of CPR.

3. APPLICABILITY

All healthcare providers and allied healthcare providers.

4. RESPONSIBILITIES

4.1 All Staff:

Any staffs discovering a person in arrest is responsible for starting CPR, and shall ensure that the resuscitation trolley is transferred to the site of the arrest.

4.2 CPR Code Team:

4.2.1 Are responsible for downloading, installing and updating of Tari' Application on the on call phone.

4.2.2 Are required to respond immediately to the designated CPR calls.

4.2.3 Responsible for the acknowledgement of the daily Tari' Application testing.

4.2.4 The CPR Code Team Leader must complete the CPR Record and Evaluation (Section I) Form at the conclusion of each CPR event and sign the forms upon completion. A copy of the CPR Record and the original Evaluation Form to be submitted via the hospital internal mail to the secretary of the CPR Committee for data collection, analysis and auditing. The original CPR Record Form to be kept in the patient's file.

4.3 Registered Nurse/assigned healthcare provider:

The In-charge nurse together with Registered Nurse (RN)/ assigned healthcare provider is responsible for checking the CPR Trolley allocated to their clinical area or non-clinical area accordingly and stocking it after use, according to the check list attached to the trolley as well as the functionality of the defibrillator.

4.4 The Department of Anesthesia:

4.4.1 Is ultimately, through the CPR Committee, responsible for all Universal CPR Trolleys throughout PSMMC regarding design, standardization of content, and list of drugs and checking procedures. Notify all clinical areas of any changes regarding Universal CPR Trolleys.

4.4.2 Notify, through the CPR Committee, all clinical departments and staff, as well as support services of any changes in CPR code response and practice as by accepted international standards.

4.4.3 Assist in stocks and supply (hardware and consumables) of the CPR Trolleys if requested and when necessary.

4.5 Security Department:

4.5.1 Attend cardiac arrests site for "crowd control" as requested or as according to responsibility for control of intensive care access.

4.5.2 Call lifts to ground floor as requested.

4.6 Department of Pharmaceutical Services:

4.6.1 Provide replacement of open CPR Drug Container (Universal, PICU, and NICU) on the request by clinical staff.

4.6.2 Perform monthly inspections of the CPR trolley of the drug container to determine it is sealed and that the drugs are within expiry date.

4.6.3 The CPR drug tray is issued by the Department of Pharmaceutical Services who tracks the tray number and place the security locks on the tray.

4.6.4 The Clinical ICU Pharmacist may participate as a CPR Code response team member and may serve as preparer of medications as requested by the Code Team physician leader.

4.7 Pottering Department:

4.7.1 Timely replacement of oxygen cylinders as required on the request by the Pottering Department.

4.7.2 Transportation and lifting of patients as required.

4.7.3 Transportation of any specimens as requested by the CPR Code team members to the Department of Pathology as required.

4.8 Switchboard:

4.8.1 Alert the CPR team by immediately activating the CPR Code Team responders and announcement over the public address system (Tari' Application).

4.8.2 Perform daily testing of CPR Code Team Tari' Application.

4.9 Department of Biomedical Engineering:

Maintain the defibrillators, O_2-regulators and electrical suction units as requested by the Registered Nurse and perform preventive maintenance according to manufacturer recommendations.

4.10 Emergency Department & Ambulance Services:

4.10.1 The Ambulance Services transports the arrested patients from the site of the arrest outside PSMMC, or from the hospital premises (other than in-patients) to the Emergency Department at PSMMC, and stabilized post-arrest patients (all patients) to the relevant intensive care units at PSMMC.

4.10.2 The Emergency Department receives transferred arrested patients from inside (other than in-patients) or outside the facility and ensures stabilization of patient clinical condition until arrival of the CPR Team or before transported to the intensive care units.

4.11 Department of Religious Affairs:

Provides support and religious advice, within the scope of its services, to patient family on request.

4.12 CPR Committee:

4.12.1 The CPR Committee is comprised of currently certified BCLS providers and who are also certified providers in one on the advanced programs, i.e. ACLS, PALS or NRP depending on their clinical obligations. The members are appointed by, and represent

4.12.2 Their respective clinical departments.

4.12.3 The Committee members meet on a regular basis to address and discuss matters relevant to the practice and quality of CPR in the clinical areas.

4.12.4 N.B.: For more information, see the "CPR Committee Terms of Reference".

5. POLICY

PSMMC accepts that it has a duty to provide quality care to patients within its domains and that PSMMC is professionally committed to providing an effective CPR service through its CPR Committee to the standards of the Military Services Department (MSD), the JCI Standards, the Risk Management Standards, as well as other acknowledged international standards in this matter.

5.1 CPR CODE TEAM:

5.1.1 CPR to be performed according to the standards of the Saudi Heart Association (SHA), American Heart Association (AHA) or the International Liaison Committee on Resuscitation (ILCOR), on any person within PSMMC in need of CPR and for those without a "Do Not Resuscitate" (DNR) order.

5.1.2 The designated CPR Code Team will respond immediately to any announced cardiac/respiratory arrest call as indicated in this policy.

5.1.3 CPR Code alert call extension number is (2222) for all areas within PSMMC.

5.1.4 Advanced cardiac life support shall be initiated less than 5 minutes from code call begin.

5.1.4.1 CPR team members have the proper training on Cardiopulmonary Life Support

5.1.5 Resuscitation Teams:

5.1.5.1 All clinical staff who is involved in patient care shall be certified in BCLS.

5.1.5.2 All clinical staff in Department of Intensive Care Services (ICS) , i.e. Adult ICUs, Pediatric ICU , NICU, shall be certified in ACLS, PALS, or NRP, respectively..

5.1.5.3 All clinical staff in Accident & Emergency Department (A&E) shall be certified in ACLS, PALS, and NRP. Team Leader should be ATLS.

5.1.5.4 The CPR Committee determines the standard composition of all CPR Code teams who will be alerted by designated Tari' Application by the Switchboard operator.

5.1.5.5 INITIAL CODE RESPONDERS: The clinical staff finding a patient in an arrest situation is considered the initial code responder and is responsible for initiating the CPR code and initiating basic life support. Initial responders are further defined as the following::

5.1.5.5.1 The clinical staff discovering a patient in a code situation.

5.1.5.5.2 The nurses, medical staff, and/or other health care providers at the site of the announced cardiac/respiratory arrest.

5.1.5.5.3 A second nurse(s) or any other staff available from the ward/care area.

5.1.5.6 CPR CODE TEAM: The following staff are identified as the CPR Code Team members and are assigned to respond to CPR Code calls in various buildings of PSMMC:

5.1.5.6.1 Buildings except as noted: All hospital areas within the compound (except all operating theatres (OR), ICU in

Buildings 2&5, Main Area ED Building 9, PICU Building 5, NICU Building 4 and GICU in Building 4 as these areas are considered as closed areas and have their own dedicated CPR teams):

RESPONDERS FOR ADULT CPR
Duty Anesthetist
Duty Intensivist
Duty Physician (Internal Medicine)
Senior Duty Anesthesia Care Practitioner (ACP)
Duty Respiratory Care Practitioner (RCP)
Rapid Response ICU Nurse
Duty Porter

5.1.5.6.2 Building 4 for Obstetrics/Gynecology:

RESPONDERS FOR ADULT CPR
Duty Anesthetist
Duty Intensivist
Duty Resident in Obs/Gyne:
Duty Physician
Duty Anesthesia Care Practitioner (ACP)
Duty Respiratory Care Practitioner (RCP)
Rapid Response ICU Nurse
Duty Porter

5.1.5.6.3 Building 2, 4 & 5 – Adult ICUs ("closed units"):

RESPONDERS FOR ADULT CPR
Duty Intensivist
Duty Respiratory Care Practitioner (RCP)
Nurse Assigned To The Patient
Duty Porter
Duty Security Guard

5.1.5.6.4 Building 9- Emergency Department ("closed unit):

RESPONDERS FOR ADULT CPR
Duty Emergency Physician
Duty Senior Charge Nurse
Nurse Assigned To The Patient
Duty Respiratory Care Practitioner (RCP)
Emergency Medical Technician
Duty Porter
Duty Security Guard

5.1.6 The following are designated CPR Code Team assigned for Pediatric CPR Code calls at PSMMC:

RESPONDERS FOR PEDIATRIC CODES
Duty Junior & Senior Paediatric Resident
Duty Anesthetist
Fellow in Paediatric
Duty Paediatric Respiratory Therapist
Duty Senior Anesthesia Care Practitioner (on call)
Duty PICU Nurse
Duty Pediatric Charge Nurse/ Team Leader
Duty Porter

5.1.7 The Neonatal CPR Code Team for codes in NICU shall be as follows:

RESPONDERS FOR NEONATAL CODES
Registrar NICU (R_3 or R_4) on Call
NICU SHO or NICU Resident (R_1 or R_2)
Primary Nurse caring for the baby
Charge Nurse of the unit
NICU NRP admission nurse/ team leader
NICU Respiratory Therapist

5.1.8 The Neonatal CPR Code Team for Neonatal Codes outside the NICU shall be as follows:

RESPONDERS FOR NEONATAL CODES OUTSIDE NICU
Registrar NICU (R_3 or R_4) on Call
NICU SHO or NICU Resident (R_1 or R_2)

5.1.9 The designated roles within the CPR Code resuscitation team members are as follows:

5.1.9.1 Team Leader

5.1.9.2 Airway management

5.1.9.3 External chest compression

5.1.9.4 IV lines and drugs

5.1.9.5 Defibrillator operation

5.1.9.6 Recording of events

5.1.9.7 "Floating" person

5.1.10 Team Leaders: Initial Responder and CPR Code Team Leaders

5.1.10.1 The staff member, who discovers the code situation, should initiate basic life support and is consider the team leader until a more senior nurse arrives to assume the team leader role for directing activities.

5.1.10.2 When the designated CPR Code Team physician arrives, s/he assumes team leader role for the overall response.

5.1.10.3 The CPR Code Team leader is responsible for directing the resuscitation attempt and ensuring it proceeds in a coordinated manner according to advanced life support guidelines and consistent with this policy and procedure. The CPR Team leader responsibilities include patient assessment throughout the code, ensuring advanced life support algorithm is performed with appropriate resuscitation drugs administered and electrical therapy delivered in a timely manner according to the algorithms.

5.1.10.4 The CPR Code Team leader assigns tasks to the CPR Code team members and other clinical staff as necessary.

5.1.10.5 The CPR Code Team leader shall ensure that all necessary documentation, i.e. the CPR Record *, the CPR Evaluation * and the patient's Drug Chart, is completed as soon as possible after the resuscitation attempt. . The Record Form and the Evaluation Form originals shall be submitted to the secretary of the CPR Committee **B109** for analysis and filing on a weekly bases every **Sunday**.

5.1.11 Tari' Application):

5.1.11.1 The designated Tari' Application are programmed to be activated during CPR Code cardiac/respiratory arrest calls.

5.1.11.2 The designated Tari' Application are tested every morning, no later than10:00 a.m. by the hospital Switchboard. It is mandatory on receiving the message that the designated CPR Code team member to do the test or contacts the switchboard.

5.1.11.3 In the event of not receiving the test alert, the application user must immediately notify switchboard and make sure that the application is activated. He/she must send his/her on call phone for repair or reprogramming to the relevant maintenance department without delay.

5.1.12 Resuscitation Equipment:

5.1.12.1 The selection and updating of hardware (equipment), drugs, and consumables is the responsibility of the CPR Committee, taking into account the special needs for CPR according to BCLS, ACLS, and PALS. The content of Resuscitation Trolleys in the Pediatric Intensive Care unit (PICU) (Appendix IV) and the Neonatal Intensive Care Unit (NICU) (Appendix VI) is the responsibility of the respective departments administering these units.

5.1.12.2 Equipment and consumables must be standardized throughout PSMMC for adult and Pediatric patients and must be stored in/on the standard trolley except for PICU and NICU resuscitation trolleys. The equipment and consumable for the PICU resuscitation trolley is determined by the Consultant Pediatric Intensivist In-charge of PICU and the changes shall be approved by the CPR Committee. The equipment and consumable for the NICU resuscitation trolleys is determined and amended by the Consultant Neonatologist In-charge of NICU and the changes shall be approved by the CPR Committee.

5.1.12.3 Resuscitation Trolleys must be immediately available in all clinical areas of the hospital.

5.1.12.4 The crash carts are adequately equipped and supplied with age specific requirements. Intubation /Airway access equipment, Equipment for vital signs monitoring (for example: stethoscope; ECG; and SpO_2 monitors) and delivery of electrical therapy (defibrillator); equipment for airways management and circulatory access; intubation and airway access equipment; I.V. fluids and drugs for resuscitation as well as consumables for standard precautions for infection control must be standardized and available on all designated CPR Trolleys. There shall also be an immediate access to a non-invasive blood pressure measurement device (NIBP).

5.1.12.5 Portable oxygen and suction must be available on, or next to, all CPR Trolleys. Where piped oxygen and suction are available, these should be used in preference.

5.1.13 CPR Trolleys:

5.1.13.1 The Universal CPR Trolley is equipment in supplies and medications for both adult and Pediatric codes. The CPR Trolleys in PICU (Appendix IV) and NICU (Appendix VI) are equipped according to the special clinical needs in these areas.

5.1.13.2 CPR Trolleys shall be located in all clinical areas for staff to perform advanced (ACLS, PALS and NRP) cardiac life support according to the standards of SHA, AHA or ILCOR and as outlined by the CPR Committee.

5.1.13.3 Nurse In-charge shall ensure that CPR trolley is as followed:

Area	Daily Check	Monthly Full Check – on the first working day of month
Inpatient areas	Twice daily inspection	Once monthly, open trolley to physically inventory contents. On first working day of the month
Outpatient Areas	Once daily inspection	
Non-Clinical Areas	Once daily inspection	Once monthly, open trolley to physically inventory contents. On first working day of the month. By an assigned RN/assigned healthcare provider from each department.
Scope of inspections/ checking	• Numbered break-away lock located on the resuscitation trolley • CPR drug container ID number • First drug expiry date • Defibrillator check of battery	• Physically inventory par levels required for consumables, medications, and equipment. • Check CPR drug container for current number. • Nearly-expiring consumables • Defibrillator
Checklist used	• Universal CPR trolley checklist (appendix III) • PICU CPR trolley checklist (appendix IV) • NICU CPR trolley checklist (appendix VI)	

5.1.13.4 The CPR drugs (medications) shall be kept in a sealed container in the designated place in the CPR trolley. The CPR drug tray is issued by the Department of Pharmaceutical Services who tracks the tray number and place the security locks on the drug tray.

5.1.13.5 An opened drug container shall be exchanged/replaced by the Department of Pharmaceutical Services with a sealed one to be seated into the top of the CPR Trolley.

5.1.13.6 The CPR Trolleys in PICU (Appendix IV) and NICU (Appendix VI) are equipped according to the special clinical needs in these areas.

5.1.13.7 The secured CPR Trolley should preferably be stored in direct view of the nursing station at all times to avoid unauthorized access.

5.1.13.8 Only approved locks will be used to secure the crash cart. The red security tags are ordered through the Supply Department by In-charge nurse.

5.1.13.9 Any discrepancy of unaccounted change in seal number, broken or missing lock shall be reported to the In-charge nurse, who shall initiate an incident report. A full check of the CPR trolley should be performed to ensure that all appropriate contents are present and intact, with replacement of any missing item, after every time the CPR trolley is used.

5.1.13.10 The Department of Pharmaceutical Services shall monthly inspect the drug container to determine it is sealed and that the drugs are within expiry date. If a medication is near expiration or expires on the date of inspection, the Pharmacist must immediately notify the In-charge nurse to replace the medication tray.

5.1.14 CPR Record and Evaluation Form:

5.1.14.1 The approved standardized CPR record form for data collection (Appendix I) during the delivery of CPR in the clinical areas must be used and completed. This form contains all information regarding the sequence of events and all interventions during CPR.

5.1.14.2 The approved Cardio-pulmonary Resuscitation Evaluation Form (Section I) must be used and completed as soon as possible after the resuscitation attempt. This form contains all information regarding the outcome including any problems with code and comments.

5.1.14.3 The CPR Record Form together with the CPR Evaluation Form (Section I) should be signed by the CPR Code Team leader immediately following

resuscitation. A copy of the CPR Record and the original Evaluation Form must be submitted on the day of the code response but no later than the next sequential day via the hospital internal mail to the secretary of the CPR Committee for data collection and analysis. The original CPR Record Form to be kept in the patient's file.

5.1.14.4 Both the CPR Record and CPR Evaluation forms are then reviewed, analyzed, and improvement opportunities identified accordingly by the relevant CPR Sub-committee, i.e. the Sub-committee for ACLS, PALS and NRP, respectively.

5.2 **CPR FOR THE PAEDIATRIC PATIENT:**

5.2.1 Resuscitation of a child aged one (1) month to fourteen (14) years.

5.2.2 On admission, either to the intensive care unit, a high dependency unit or a ward, a "Pediatric Emergency Drug Dosage Calculation Sheet" (Appendix V) shall be completed and signed by the Registered Nurse (RN) and counter checked by the treating pediatrician as well as another nurse. It shall be conspicuously fixed by the relevant nurse at the cot/bed (Policy of Pediatric Emergency Drug Dosage Calculations).

5.2.3 Pediatric resuscitation equipment is stored according to the PICU / Universal CPR Trolley Check list (Appendix IV).

5.2.4 In the Pediatric Intensive Care Unit (PICU), the Charge Nurse/ Team Leader shall ensure the users test is done and report to the Bioengineering Dept. for any maintenance issues or malfunction.

5.3 **CPR FOR THE NEONATAL PATIENT:**

5.3.1 The CPR of the new-born in Building 4 (Maternity Unit) is the responsibility of the Medical staff of the Neonatal Intensive Care Unit (NICU).

5.3.2 The Neonatal Code Team must attend all neonatal CPR cardiac/ respiratory arrests within the NICU and outside the NICU.

5.3.2.1 Neonatal CPR Trolleys:

5.3.2.1.1 Neonatal CPR Trolleys shall be identical in all neonatal areas.

5.3.2.1.2 Updating of the content of the Neonatal CPR Trolley will be done, as required by logistical and pharmaceutical circumstances in the hospital, by the Consultant Neonatologist In-charge of NICU and, the changes shall be approved the CPR Committee.

5.3.3 On admission, to the NICU or related areas where neonates are hospitalized, a "Neonatal Emergency Drug Dosage Calculation Sheet" (Appendix VII) shall be place in conspicuous place in the front of the patient file by the Registered Nurse (RN).

5.4 The crash carts are adequately equipped and supplied with age specific requirements, including

emergency medications, defibrillator, oxygen cylinder, suction machine, intubation/airway access equipment, venous access equipment, and intravenous fluids.

5.5 The crash carts checking includes the defibrillator battery, full oxygen tank, suction machine

pharmaceutical care lock number, ambubags and reservoirs, drug calculation charts endo- tracheal tube (for neonates, pediatrics, and adults) and sharp box.

5.6 The crash carts are re-stocked/replenished after each use.

6. DEFINITION OF TERMS

6.1 Saudi Heart Association (SHA):

The organization that is recognized by the Ministry of Health with the primary role to disseminate, educate and improve the knowledge and practice of CPR in the Kingdom of Saudi Arabia.

6.2 American Heart Association (AHA):

The American Heart Association is the world's largest voluntary health organization. Its mission is the reduction of disability and deaths from cardio-pulmonary arrests, coronary artery disease and cerebra-vascular disease leading to stroke.

6.3 International Liaison Committee on Resuscitation (ILCOR):

The International Liaison Committee on Resuscitation (ILCOR) was formed in 1992 and is providing a forum for liaison between the principal resuscitation organizations worldwide. The criteria for participation by member organizations are expected to have an accepted remit for creating resuscitation guidelines, preferably for more than one country, and to be multidisciplinary in membership.

7. PROCEDURES

7.1 Initiation of Adult /Pediatric CPR Cardiac/Respiratory Arrest Calls:

7.1.1 The person observing the cardiac/ respiratory arrest will start CPR immediately after calling for help.

7.1.2 Advanced cardiac life support shall be initiated within 5 minutes from code call begins.

7.1.3 The helper shall telephone the switchboard using the designated cardiac call telephone number (2222).

7.1.4 The person notifying switchboard must specify the ward (or department) and building, as well as the category of the victim, i.e. Adult, Pediatric or Neonatal.

7.1.5 The switchboard operator must record the received message and repeat the message back to the calling person.

7.1.6 The switchboard operator will then alert the designated CPR Code Team by activating their Tari' Application over the Public Address System.

7.1.6.1 The Operator must announce the following for Adult Code Blue: ***"Adult Code Blue" - pause - "Adult Code Blue" -pause- giving "Location by Room Number, Ward" or "Department and Building".***

7.1.6.2 The Operator must announce the following for Pediatric Code Blue: ***"Pediatric Code Blue" - pause - "Pediatric Code Blue" -pause- giving "Location by Room Number, Ward" or "Department and Building".***

7.1.6.3 The announcement must be made three (3) times every two (2) minutes.

7.1.6.4 When announcement is heard and/or Tari' Application are activated, nearby staff or members of the relevant resuscitation team will immediately attend the site of the arrest.

7.1.6.5 The person, who observed the arrest together with Registered Nurse, will ensure that the resuscitation trolley is immediately transferred to the site of arrest.

7.1.6.6 The anesthetist, who is alone and anaesthetizing a patient or caring for a patient under conscious sedation, is excused from participating in the announced resuscitation, However, he/she must alert a colleague of the anesthesia on-call team to attend the resuscitation.

7.2 Initiation of Neonatal Cardiac Arrest Calls:

7.2.1 The person witnessing an arrest in any of the following areas (NICU / Post-natal Ward / Labor Ward) will commence resuscitation according to SHA standards, raises the alarm and notes the time.

7.2.2 Advanced cardiac life support shall be initiated within 5 minutes from code call begins.

7.2.3 When called, the neonatologist/pediatrician allocated to the neonatal clinical area will immediately attend the site of the arrest.

7.2.4 In the event of no response after activating Tari' Application the medical staff allocated to the relevant neonatal clinical area twice (one minute apart), the person observing the arrest or the designated clinical staff member will place a call to the Switchboard on extension (2222) and request a Pediatric cardiac call.

7.2.5 When announcement is heard and/or activated, the members of the Neonatal CPR Code resuscitation team will immediately attend the site of the arrest.

7.3 Do Not Attempt Resuscitation Orders (DNR):

7.3.1 It is essential for the resuscitation team to identify patients for whom cardiopulmonary arrest would be an appropriate terminal event and for whom cardiopulmonary resuscitation (CPR) is inappropriate. The clinical staff on the unit should inform the CPR Code Team members of patient's code status when they arrive on the unit.

7.3.2 Refer to: *Do Not Resuscitate (1-1-8062-03-037) Medical City Wide Policy and Procedure.*

7.4 Documentation:

7.4.1 CPR Record and Evaluation Form:

7.4.1.1 The CPR Record shall be completed by the "Recorder", appointed by the CPR Code Team Leader. If there is no Recorder during the CPR event, then the CPR Code Team Leader shall complete the CPR Record and sign it.

7.4.1.2 The CPR Record shall be authenticated by the CPR Code Team Leader.

7.4.1.3 The completed CPR Record Form shall be attached to the patient's medical record.

7.4.1.4 The CPR Code Team leader will complete the Cardio Pulmonary Resuscitation Evaluation Form (Section I) as soon as possible after the resuscitation attempt.

7.4.1.5 Both the CPR Record Form and the CPR Evaluation Form in original shall be submitted by the team leader to the secretary of the CPR Committee, immediately after the CPR attempt/session.

7.5 Patient Transport /Transfer and Post Resuscitation Care:

7.5.1 Facilities for continuing care may not be available where the arrest has occurred. It may be necessary to transfer of the patient to another clinical unit or to another medical facility with necessary resources to support on-going patient care and condition.

7.5.2 The patient shall be stabilized before transfer as far as possible, without endangering the patient's further care.

7.5.3 Continuity of care during this period is vital. Whenever appropriate, medically competent staff shall accompany the patient during transfer with adequate equipment being available. Referral to specialists (e.g. cardiologist or intensivist) must be made as early as possible and preferably before transfer.

7.5.4 It is the responsibility of the CPR Code Team leader to ensure that the transfer of care from one group of clinicians to another is appropriate. The CPR Code Team leader shall not leave the patient until this has occurred unless he/she has delegated care to an appropriately trained member of staff.

7.5.5 Appropriate equipment, drugs and portable monitoring devices must be readily available to support the patient needs during transport.

7.5.6 A patient being transported or transferred should be accompanied by staff appropriately trained in advanced CPR (ACLS, PALS or NRP).

7.5.7 Relatives should be informed about the transfer of a patient, but should not expect to be allowed to travel with the patient.

7.6 Patient and Family Rights:

7.6.1 All CPR members must be committed to providing the highest standard of CPR care while understanding, promoting and protecting the patient and family's rights. (According to the Medical City Wide Policy and Procedure on Patient and Family Rights and Responsibilities 1-1-8062-01-019).

7.6.2 As appropriate, patient privacy (possibly with curtains) should be provided in the area where the patient should be resuscitated.

7.6.3 As much as possible, cover the patient's body and private parts as per the Islamic rules during CPR. This will be the responsibility of all CPR Code team members.

7.6.4 Privacy of patients and covering their private parts must be maintained during transfer or while waiting to undergo examination by supporting services.

7.6.5 Upon completion of the resuscitation, the patient should be immediately cleaned and his/her body covered and always taking care of covering his/her private parts.

7.6.6 Patient family adult members have the right to attend the resuscitation of their patient, provided that they are not causing any disturbance to the CPR process and team members. This will be documented in the patient's medical records.

7.6.7 Any person having no relation to the patient should not be present during resuscitation process.

7.6.8 The team leader will sympathetically inform and in simple terms explain to the patient family the outcome of their patient resuscitation and if any further care management.

7.6.9 The patients family should be treated kindly and their values and religious believes must be considered and respected, especially post CPR.

7.6.10 Patient family has the right to seek support and advice from Religious Affairs Department regarding any religious concerns post patient resuscitation.

7.6.11 *Refer to: MSD Protocols on Protecting the Privacies of Patients*

7.7 Monitoring and Audit:

7.7.1 On an annual basis the policy and guidelines will be reviewed for currency with international guidelines. The annual review will include evaluation of the adherence and application of this policy to ensure the policy is still relevant to the service to be provided.

7.7.2 The CPR Committee and its sub-committees are responsible for reviewing and analyzing the CPR Record Forms and Evaluation Forms. To identify improvement opportunities for response and practice, equipment and supplies, and training needs. An annual summary of the analysis should be submitted to Medical Administration.

7.7.3 A copy of the completed CPR Record Form as well as a completed CPR Evaluation Form will be sent to Medical Administration with any necessary/needed recommendations by the CPR committee or sub-committee.

7.8 Education and Training:

7.8.1 A CPR Education Centre at the PSMMC was established by the Department of Anesthesia to ensure certain and standardized CPR competency of all PSMMC employed clinical staff according to the standards and guidelines of SHA, AHA and ILCOR and consistent with this policy.

7.8.2 See Policy and Procedure on Education and Training Resuscitation Programs for education and training of staff.

8. REFERENCES

8.1 The CPR guidelines issued by SHA 2015, AHA 2010, NRP 2014 and International License Committee on Resuscitation (ILCOR) 2015.

8.2 The Clinical Governance Resuscitation Policy - Northumbria Healthcare NHS Foundation Trust.

8.3 Joint Commission International Accreditation Standards for Hospitals 7th Edition 1 April 2020

8.4 3rd edition of CBAHI Hospital Survey guide.

9. APPENDICES

9.1 Appendix I Cardio Pulmonary Resuscitation Record Form 4-1-7250-02-003

9.2 Appendix II Cardio Pulmonary Resuscitation Audit Form 4-1-7250-004-01

9.3 Appendix III Universal CPR Trolley Checklist 4-1-7250-02-001

9.4 Appendix IV PICU CPR Trolley-Check list 4-1-7250-02-006

9.5 Appendix V Pediatric Emergency Drug Dosage Calculation Sheet 4-1-7250-02-007

9.6 Appendix VI Neonatal CPR Trolley-Check list 4-1-7250-02-005

9.7 Appendix VII Neonatal Emergency Drug Dosage Calculation Sheet

9.8 Appendix VIII Universal CPR Sealed Drug Box Contents

9.9 Appendix IX Neonatal CPR Sealed Drug Box Contents

10. CONTRIBUTING DEPARTMENT/S

Anesthesia Department

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Authorized by: **Brig. Gen. Dr. Abdulrahman Al Robayyan** **Director of Medical Administration**	**Signature:**	**Date:** 3/10/2023
Authorized by: **Brig. Gen. Dr. Rashed Bin Ayed Al Otaibi** **Executive Director for Health Affairs** **Chairman, Senior Medical Management Team (SMMT)**	**Signature:**	**Date:** 5/10/2023
Approved by: **Maj. Gen. Dr. Khalid Abdullah Al Hudaithi** **General Executive Director of Prince Sultan Military Medical City**	**Signature:**	**Date:** 10/10/2023