PEDIATRIC RESPONSE TEAM

PURPOSE

The purpose of this policy is to provide additional personnel and medical treatment to patients who require emergent medical care in all inpatient units and the Almost Home Unit (AHU) and Hematology/Oncology clinic, and Surgical Services.

POLICY

The Pediatric Response Team (PRT) at Dayton Children’s Hospital (Dayton Children’s) has been established to provide evaluation for emergent medical care in all inpatient units and AHU and Hematology/Oncology Clinic and Surgical Services (Refer to Attachment B, Roles in a Code/PRT in the OR).

This PRT team should not be called for resuscitation for respiratory or cardiopulmonary arrest. If the patient is in or near respiratory or cardiopulmonary arrest, a Code Blue should be initiated. The team should not be called for any emergent situation involving an adult visitor or employee. In the event of an adult visitor or employee resuscitation, a code blue should be initiated. In the event that an adult visitor or employee needs urgent assistance, the Emergency Department (ED) is notified to evaluate and transport. The team is not called for any outpatients in areas including outpatient clinics (except for Hematology/Oncology clinic), Surgical Services, lab, medical imaging or ED.

PROCEDURE

A. When a significant deterioration has occurred in a patient’s status, options are available for further medical evaluation (see attachment A).

B. If the PRT needs to be activated, the operator is notified by dialing extension 8555.

C. The person making the call should indicate clearly the location that the “Pediatric Response Team” is needed and remain on the line until the operator verifies complete information.

D. The operator will announce “Pediatric Response Team” and the location two-to-three (2-3) times loudly overhead.

E. The PRT members will support the care of the patient as they arrive.
F. The PRT members will be assigned on a daily or shift basis and include:

1. Intensivist (if in house)
2. Pediatric Intensive Care Unit (PICU) Resident
3. PICU Nurse
4. Respiratory Therapist as designated by shift team leader
5. In addition to responding to PRT and Code Blue activations, the ICU team responds to Emergency Department Trauma and Medical alerts. Please reference Code Blue and Trauma PI policies for information regarding the ICU Team’s responsibilities in these situations.

G. The Admitting Resident of the Day (ARD) and Resource Manager (if in house) will respond to assist the PRT team.

H. The PRT (paper) consult form is utilized as a work sheet as needed. The referring/accepting nurse (if applicable) must document a note in the Electronic Medical Record (EMR) as well as the referring and PRT physician. The electronic PRT consult doc flow sheet is also documented in the EMR by the referring nurse. All orders must be entered into the EMR. The carbonless copy of the paper PRT consult doc flow sheet is sent to the CNS, Hospital Operations for review.

**Responsible VP:** VP/Patient Care Services/CNE  
**Primary Author:** Director, Critical Care Services/Clinical Nurse Specialist/Hospital Operations  
**Formulated:** 5/03  
**Review Date(s):** 8/13/07, 6/16/09, 7/15/09, 2/16/10, 5/7/13  
**Effective:** 10/04, 8/27/07, 7/22/09, 3/24/10, 6/26/13  

*= Review without revision.
**Pediatric Response Team (PRT)**

**Bedside staff or parent identifies change in patient clinical status**

**MD, RN, and/or RT evaluates changes**

**Is there a clinical change or significant concern?**

- **No**
  - Parent education provided if no change

- **Yes**
  - Notify house staff and/or attending physician

**Can level of care be provided at patient’s current location as determined by attending physician or senior resident?**

- **Yes**
  - Continue to provide patient care on unit

- **No**
  - Is it code situation?

- **Yes**
  - Activate Code Blue Team

  - Call Operator at 8555

- **No**
  - Is immediate response required?

- **Yes**
  - Activate Pediatric Response Team (PRT) for consultation

  - Call Operator at 8555

- **No**
  - Transfer from unit

---

**Pediatric Response Team (PRT)**

- PICU RN
- RT (designated by shift team leader)
- PICU Resident
- Intensivist (if in house)
- Resource Manager (if in house)
ATTACHMENT B

Roles in a code/PRT in the OR

**Anesthesiologist**
- Notifies circulator of need for PRT or code team
- Establishes a leader in the room when assistance arrives

**Surgeon**
- Notifies scrub tech/nurse for the need to continue or stop the surgery
- Performs compressions as needed

**Scrub Tech/Nurse**
- Maintains sterile operative field
- Continues progression of surgery as directed by surgeon
- If progression of surgery is stopped, provide sterile drape for covering wound during resuscitation
- Prepares for wound closure and execute surgical counts
- Removes instrument table from operative field if necessary to delay surgery during resuscitation

**Circulating Nurse**
- Obtains code cart and defib (In case of malfunction, a defib can be obtained from PICU) and places the emergency drug card on the code cart
- Calls a PRT or code as directed by the anesthesiologist at x8555. Tell the operator there is a “PRT or code blue in operating room #___” (PRT includes an intensivist if in house, PICU resident, PICU Nurse, laboratory tech, ARD, respiratory)
- Obtains supplies for surgeon as needed

**Resource Manager**
- Documents PRT or code events on the paper code documentation form from the code cart

**PICU attending/resident**
- May be asked by the anesthesiologist to be code leader
- Obtains assignment from code leader

**PICU Nurse**
- When a PRT is called, the PICU will call an additional nurse either from PICU or ED, a pharmacist between 7a-11p, and the chaplain or social worker if in house (M-F 830a-midnight; Sa Sun 4p-11p)
- Prepares medications from code cart until pharmacist arrives
- Assists anesthesia as needed with pushing blood, line placements, etc.
- The PICU unit clerk will notify the PICU attending when a PRT is called and the intensivist is not in house or does not respond to the OR

**Second PICU or ED nurse**
- Assists with blood paperwork (massive blood transfusion book at the OR control desk)

**ARD**
- Assists with directing people into the OR (to be outside of the OR room)

**Pharmacist (between 7a-11p)**
- Prepares medications

**Respiratory therapist**
- Obtains assignment from code leader

**PTA**
- Performs compressions as needed
- Obtains supplies as needed

**Laboratory**
- Draw labs as requested

**Chaplain or Social Worker**
- Speaks with family after discussing situation with surgeon

**Resident (M-F midnight-830a; Sa Sun 11p-4p)**
- Speaks with family after discussing situation with surgeon if chaplain or social worker unavailable

---

**When to use code documentation:**
OR events that are defined as a code and trigger code documentation/report to code committee include; arrhythmias such as asystole, ventricular tachycardia and ventricular fibrillation, the need for chest compressions and/or the need for defibrillation. Other less severe events will trigger code documentation at the discretion of the anesthesiologist in charge of the case.

**If a NICU patient:**
Call NICU for additional assistance as needed