



Policy and Procedure of  
Cardiopulmonary Resuscitation (CPR)

AMRH/GMP&P/002/Vers.02  
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## Acronyms

ACLS	Advanced Cardiac Life Support
AED	Automated External Defibrillator
AMRH	Al Masarra Hospital
AHA	American Heart Association
BLS	BasicLife Support
CPR	Cardiopulmonary Resuscitation
DNR	Do Not Resuscitate
ECG	Electrocardiography
IV	Intravenous
IO	Intraosseous
PALS	Pediatric Advanced Life Support
PEA	Pulseless Electrical Activity
PDCG	Professional Development and Career Guidance Department
PRO	Public Relations Officer
pVT	Pulseless Ventricular Tachycardia
QMPSD	Quality Management and Patient Safety Department
RO	Resuscitation Officer
ROSC	Return of Spontaneous Circulation
VF	Ventricular Fibrillation



## **Policy and Procedure of Cardiopulmonary Resuscitation (CPR)**

### **1. Introduction**

Abrupt cessation of an effective cardiovascular circulation results in sudden collapse, unconsciousness, and loss of vital signs. This condition is known as “Cardiac Arrest”. Despite advances in technology and efforts in prevention, cardiac arrest remains a substantial public health problem and a leading cause of death in many parts of the world. The mortality is 100% if no treatment is given. However, with cardiopulmonary resuscitation (CPR) the immediate survival rate is about 17% though success rates are much lower for patients with concurrent severe illness.

This Policy demonstrates the Institution’s commitment to establishing individualized and ethical CPR statuses for its patients in a manner that is compatible with all relevant legal and regulatory requirements and consistent with relevant guidelines from American Heart Association (AHA).

### **2. Scope**

This document governs all staff of Al Masarra Hospital (AMRH) both Clinical and Non-clinical staff.

### **3. Purpose**

The purpose of this policy is to optimize patient care outcomes by:

3.1.1 Providing direction and guidance for the execution of high-quality CPR.

3.1.2 Ensuring that safe, early, and appropriate CPR including early defibrillation occurs within the hospital.

3.1.3 Describing the roles, responsibilities, and training requirements for all staff of AMRH.

3.1.4 Standardizing the management of cardiopulmonary arrest by adopting the guidelines set by the American Heart Association (AHA)

### **4. Definition**

**4.1. Cardiopulmonary Resuscitation (CPR):** is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain



function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

- 4.2. Cardiac Arrest:** is a sudden loss of blood flow resulting from the failure of the heart to pump effectively.
- 4.3. Advanced Cardiac Life Support:** refers to a set of clinical interventions for the emergency treatment of cardiac arrest, stroke and other life-threatening medical emergencies, as well as the knowledge and skills to deploy those interventions.
- 4.4. Basic Life Support:** is a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by BLS qualified bystanders.
- 4.5. Pediatric Advanced Life Support:** measures used by professional healthcare providers to manage critically ill infants and children efficiently and effectively, resulting in improved outcomes. It is used during the stabilization and transportation phases of a pediatric emergency, in or out of hospital.
- 4.6. Defibrillator:** is a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest.
- 4.7. Do Not Resuscitate (DNR):** also known as no code or allow natural death, is a legal order written either in the hospital or on a legal form to withhold cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS), in respect of the advance directives of a patient in case if the heart or respiration were to stop.

## 5. Policy

- 5.1 All hospital staff must be able to identify and be prepared for all CPR events.
- 5.2 In the event of a cardiac arrest, the default position must be to perform CPR unless clear information indicates that this line of activity is inappropriate (e.g., DNR status).
- 5.3 Whenever a “Do Not Resuscitate” (DNR) decision has been made, the reason for this decision must be justified, communicated, and properly documented (Refer to Ministry of Health, DNR Policy).



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- 5.4 All clinical staff must undergo mandatory training in Basic Life Support (BLS).
- 5.5 The Code Blue Team Leader must be an Advanced Cardiac Life Support (ACLS) certified.
- 5.6 All hospital staff must be aware of and comply with the hospital CPR policy and procedure.
- 5.7 In the event of CPR, necessary action must be undertaken by the Shift in-charge nurse to ensure safety of other patients which may include calling for additional back up staff.

## 6. Procedure

- 6.1. All Cardiac Arrest Codes should be handled by the Code Team in accordance to the ACLS and BLS guidelines stipulated by the American Heart Association (AHA). (See Appendix 8. AHA ACLS Adult Cardiac Arrest Algorithm).
- 6.2. The RRT is composed of the following as per the hospital Administration Qarar:
  - 6.2.1. **Physician on-call (General Medicine), Team Leader**
  - 6.2.2. **ED Psychiatry Doctor/second on call Psychiatry Doctor, member**
  - 6.2.3. **Nursing Supervisor/Unit Nurse, member.**
  - 6.2.4. **Assigned Nursing Staff from Male Ward1/2, member.**
  - 6.2.5. **Assigned Nursing Staff from Male Ward 5/6, member.**
  - 6.2.6. **Assigned Nursing Staff from Female Ward2, member.**
  - 6.2.7. **Public Relations Officer (PRO) on duty, member.**
- 6.3. Other members needed to fulfill the requirement of the CPR team:
  - 6.3.1. **Assigned nurse.**
  - 6.3.2. **Anesthetist.**
  - 6.3.3. **Child Psychiatry doctor in case of a pediatric patient CPR.**
- 6.4. During activation of the Code Team, every member shall be identified through the following:
  - 6.4.1. Team Leader



- 6.4.2. Airway Management
- 6.4.3. Chest Compressor
- 6.4.4. Medication
- 6.4.5. Recorder
- 6.4.6. Monitor and Defibrillator

**6.5. RRT MEMBERS AND THEIR ASSIGNED TASKS:**

- 6.5.1. Physician on-call (General Medicine), Team Leader
- 6.5.2. ED Psychiatry Doctor/second on call Psychiatry Doctor, member:  
Monitor/Defibrillation
- 6.5.3. Nursing Supervisor/Unit Nurse, member: Recorder
- 6.5.4. Assigned Nursing Staff from Male Ward 1/2, member:  
Compressor/Airway
- 6.5.5. Assigned Nursing Staff from Male Ward 5/6, member:  
Airway/Compression
- 6.5.6. Assigned Nursing Staff from Female Ward 2, member: Medications
- 6.5.7. Public Relations Officer (PRO) on duty, member: inform next of kin and  
facilitate transportation to another health institution as applicable.
- 6.5.8. The assigned nurse recognizes the cardiac arrest and informs the Key  
nurse/ward in-charge.
- 6.5.9. The anesthetist attends the Code Blue and takes care of the airway.

**6.6. Team Leader's Role**

- 6.6.1. Directly organizes and coordinates the CPR Team.
- 6.6.2. Holds the authority to shift tasks between members as and when  
applicable.
- 6.6.3. Closely monitor his/her team members.



- 6.6.4. Works as a team (Teamwork oriented).
- 6.6.5. Ensures the current guidelines are followed.
- 6.6.6. Ensures safety of the team members present.
- 6.6.7. Practice excellent communication skills.
- 6.6.8. Ensures the documentation and notification of the code are done on time.
- 7.1.9 Responsible for debriefing and feedback to the code team.
- 7.1.10 Arranging safe transport of patient to amore equipped hospital in handling medical cases, in case needed.
- 7.1.11 Be updated on this policy.
- 7.1.12 Hold valid certificates on BLS and ACLS.
- 7.1.13 Document the details of assessment and intervention during the event in al-Shifa system.

## **6.7. Team Members' Roles**

- 6.7.1. A&E Psychiatric doctor/2<sup>nd</sup> on call Psychiatry doctor
  - 6.7.1.1. Act as backup to the team leader.
  - 6.7.1.2. Interprets ECG rhythms and advice about treatment of arrhythmias if needed.
  - 6.7.1.3. May switch roles with staff who are Responsible for maintaining the airway through Bag-Mask Valve.
  - 6.7.1.4. May switch roles with the assigned staff in compression to maintain the quality of compression.
- 6.7.2. Nursing Supervisor / Unit Nurse
  - 6.7.2.1. Start second timer while arriving Code Blue Team.
  - 6.7.2.2. Act as recorder.
  - 6.7.2.3. Assists in the transfer of patient to other hospital through arranging transportation and other significant matters.





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- 6.7.2.4. Should be trained in ACLS
- 6.7.2.5. Performs any other tasks as assigned by the Team Leader
- 6.7.2.6. Informs the PRO regarding the patient's condition.
- 6.7.3. Code Team Assigned nurse from Male ward 1 / 2
  - 6.7.3.1. Takes over Chest Compression.
  - 6.7.3.2. Performs High Quality CPR.
  - 6.7.3.3. Switches with staff from Male Ward 5 /6 with airway management
  - 6.7.3.4. Should be trained in ACLS
  - 6.7.3.5. Performs any other tasks as assigned by the Team Leader
- 6.7.4. Code Team Assigned staff from Male Ward 5 / 6
  - 6.7.4.1. Take Care of Airway Management
  - 6.7.4.2. Performs High Quality CPR.
  - 6.7.4.3. Switches with staff from Male Ward 1 /2 for chest compressions
  - 6.7.4.4. Should be trained in ACLS
  - 6.7.4.5. Performs any other tasks as assigned by the Team Leader
- 6.7.5. Code Team assigned nurse from Female ward 2 :
  - 6.7.5.1. Should be ACLS trained.
  - 6.7.5.2. Is responsible for securing and maintenance of IV line.
  - 6.7.5.3. Administers drugs as instructed by the Team Leader.
  - 6.7.5.4. Maintains a closed loop communication.
  - 6.7.5.5. Withdraws blood for investigations and ensures it is sent to the lab.
  - 6.7.5.6. Helps in the CPR as instructed by the Team Leader
- 6.7.6. Patient Services Personnel/Public Relations Officer (PRO)
  - 6.7.6.1. Act as a liaison officer between the code team and the families.
  - 6.7.6.2. Facilitates arrangement of ambulance for transportation if necessary to other hospital for expert management.
  - 6.7.6.3. Assists in handling arrangement on the event that resuscitation efforts were unsuccessful.
- 6.7.7. Pediatrician



6.7.7.1. The presence of pediatrician is needed in case the code involves a child aged less than 12 years old.

6.7.7.2. He/she will assume the role of the Team Leader.

6.7.8. Assigned Staff

6.7.8.1. Recognizes patient cardiac arrest.

6.7.8.2. Call for help.

6.7.8.3. Notes the time.

6.7.8.4. Starts CPR (See Appendix 8. AHA ACLS Adult Cardiac Arrest Algorithm).

6.7.8.5. Helps the team in the code blue and performs the tasks as assigned by the Team Leader.

6.7.9. The Shift in Charge/Ward in Charge

6.7.9.1. Assesses the patient to confirm the cardiac arrest.

6.7.9.2. Activates the Code Blue.

6.7.9.3. Takes the crash cart to the side of the patient.

6.7.9.4. Initiates BLS measures, e.g. Bag-mask Valve ventilation.

6.7.9.5. Starts timer.

6.7.9.6. Places cardiac monitor.

6.7.9.7. Connects ECG leads.

6.7.9.8. Starts Intravenous (IV) line

6.7.9.9. Helps the team in the code blue and performs the tasks as assigned by the Team Leader

6.7.9.10. Shall immediately dial **700 to record** the details of the event after hearing the beep sound, which must include the following

6.7.9.10.1. “Cardiac Arrest” or “Code Blue”



6.7.9.10.2. “Ward/Location”

6.7.9.11. Then he/she shall immediately dial **701 to send the recording of the event details** in order to activate the RRT/ Code Blue Team.

6.7.9.12. Ensures privacy of the patient on arrest.

6.7.9.13. Assists in transfer of patient to other hospital through arranging transportation and other significant matters.

6.7.9.14. Informs the Nurse Supervisor/ Unit Nurse for concerned ward.

**6.8. Documentation**

6.8.9. The Shift in-charge staff nurse, in consultation with the Team Leader must document details of the Code Blue event in AMRH through Al Shifa 3+ System (CPR REGISTER) which must be FINALIZED and saved within 24 hours following the event.

6.8.10. The Attending Physician (General Medicine) must document the probable cause of death in the patient's progress notes in Al Shifa system.

6.8.11. The assigned doctor from the Treating Team must submit the 48-hour death report through Al Shifa system strictly within the next 48 working hours.

6.8.12. The assigned staff nurse must submit an event report after the CPR event as early as possible (within the same shift).

**6.9. Transfer of patient to other hospital:**

6.9.9. The patient can only be transferred to a medical hospital if necessary once the patient's condition is STABILIZED.

6.9.10. The Team Leader is expected to refer the patient to the appropriate medical hospital.

6.9.11. Whenever possible, the Team Leader can consult the consultant/Physician in Charge.



6.9.12. The assigned staff nurse and another nurse as assigned by the team leader, the physician/anesthesiologist who is a member of the team must accompany the patient.

6.9.13. The Nurse Supervisor will coordinate with the PRO in arranging the transportation.

## **6.10. Training**

6.10.9. Training must be to a level appropriate for the staff designation (clinical or non-clinical).

6.10.10. All clinical staff must be trained in early detection of deteriorating patients.

6.10.11. Non-clinical staff must be trained to ensure that they can recognize cardiorespiratory arrest, summon help, start CPR, and if applicable, be able to operate Automated External Defibrillator (AED).

6.10.12. Valid Basic Life Support (BLS) Certificate is MANDATORY for all hospital staff.

6.10.13. Doctors working on a 24-hour duty (all doctors, especially the in-house doctors) should be Advanced Cardiac Life Support (ACLS) Certified.



## 7. Responsibilities

### 7.7. Quality Improvement:

- 7.7.9. Auditing of a CPR event will be initiated by the Quality Management and Patient Safety Department (QMPSD) and/or selected specialists assigned by the Hospital Executive Director to ensure the quality of CPR team response.
- 7.7.10. All Residents joining Al Masarra Hospital must be oriented with the CPR Policy by the resident coordinator.
- 7.7.11. CPR policy should be reviewed on January 2026; every 3 years respectively.

### 7.8. Professional Development and Career Guidance Department (PDCG)

- 7.8.9. Conducts various training programs, simulations, mock drills, in-house training, learning video to ensure all staff are well versed with the CPR protocols.
  - 7.8.10. The Professional Development and Career Guidance Department should ensure validation of BLS and ACLS certificates.
  - 7.8.11. The PDCG coordinator ensures that all Team Leaders have an updated ACLS certificate.
- 7.9. All AMRH staff shall be aware of this policy and must adhere accordingly.**



## 8. Document History and Version Control Table

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
01	Initial Release	Dr. Preeti Srivastava	March 2021
02	Update <i>Modified Procedure 6.2.</i>	Dr. Preeti Srivastava Wafa Al Wadhahi	January 2023
<b>Written by</b>		<b>Reviewed by</b>	<b>Approved by</b>
Dr. Preeti Srivastava Wafa Al Wadhahi		Local Clinical Guideline Committee	Dr. Bader Al Habsi

## 9. Related Documents

- 9.7. Appendix 1. Cardiac Arrest Circular Algorithm.
- 9.8. Appendix 2. Acute Coronary Syndrome Algorithm.
- 9.9. Appendix 3. AHA ACLS Adult Bradycardia Algorithm.
- 9.10. Appendix 4. Acute Coronary Syndromes Algorithm (with pulse).
- 9.11. Appendix 5. Acute Coronary Syndromes Algorithm.
- 9.12. Appendix 6. Pediatric Tachycardia with a Pulse and Poor Perfusion Algorithm.
- 9.13. Appendix 7. Pediatric Bradycardia with a Pulse and Poor Perfusion Algorithm.
- 9.14. Appendix 8. AHA ACLS Adult Cardiac Arrest Algorithm.
- 9.15. Appendix 9. Audit Tool.
- 9.16. Appendix 10. Document Request Form.
- 9.17. Appendix 11. Document Validation Checklist.



10.

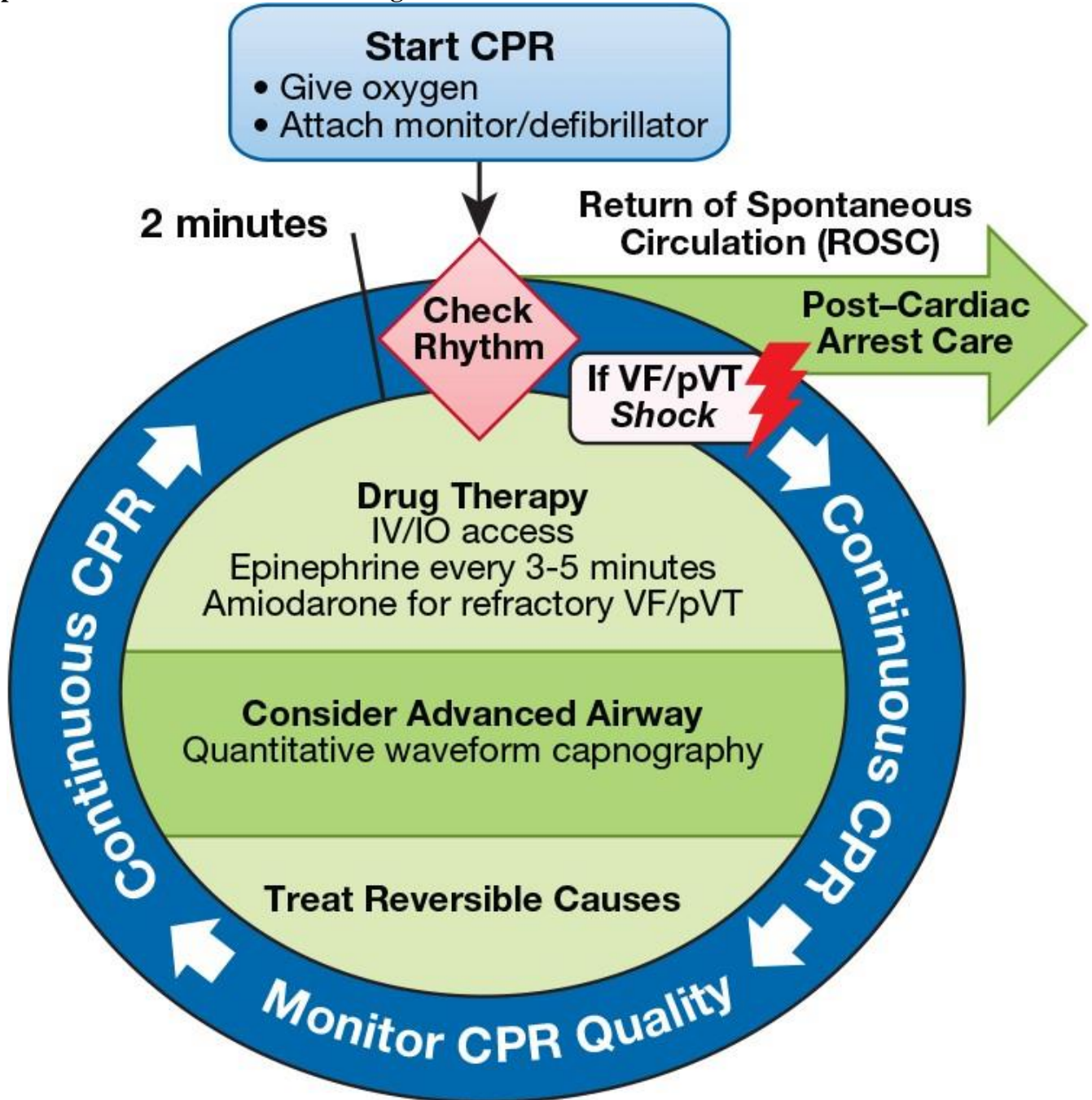
References

Titleofbook/Journal/Website	Author	Year ofpublicati	Page
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<a href="https://en.wikipedia.org/wiki/Cardiopulmonary_resuscitation">https://en.wikipedia.org/wiki/Cardiopulmonary_resuscitation</a>	---		
<a href="http://edmedicine.medscape.com">edmedicine.medscape.com</a>	---		
<a href="https://en.wikipedia.org/wiki/Cardiac_arrest">https://en.wikipedia.org/wiki/Cardiac_arrest</a>	---		
<a href="https://en.wikipedia.org/wiki/Advanced_cardiac_life_support">https://en.wikipedia.org/wiki/Advanced_cardiac_life_support</a>	---		
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<a href="https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators">https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators</a>	---		



11. Appendices

Appendix 1. Cardiac Arrest Circular Algorithm

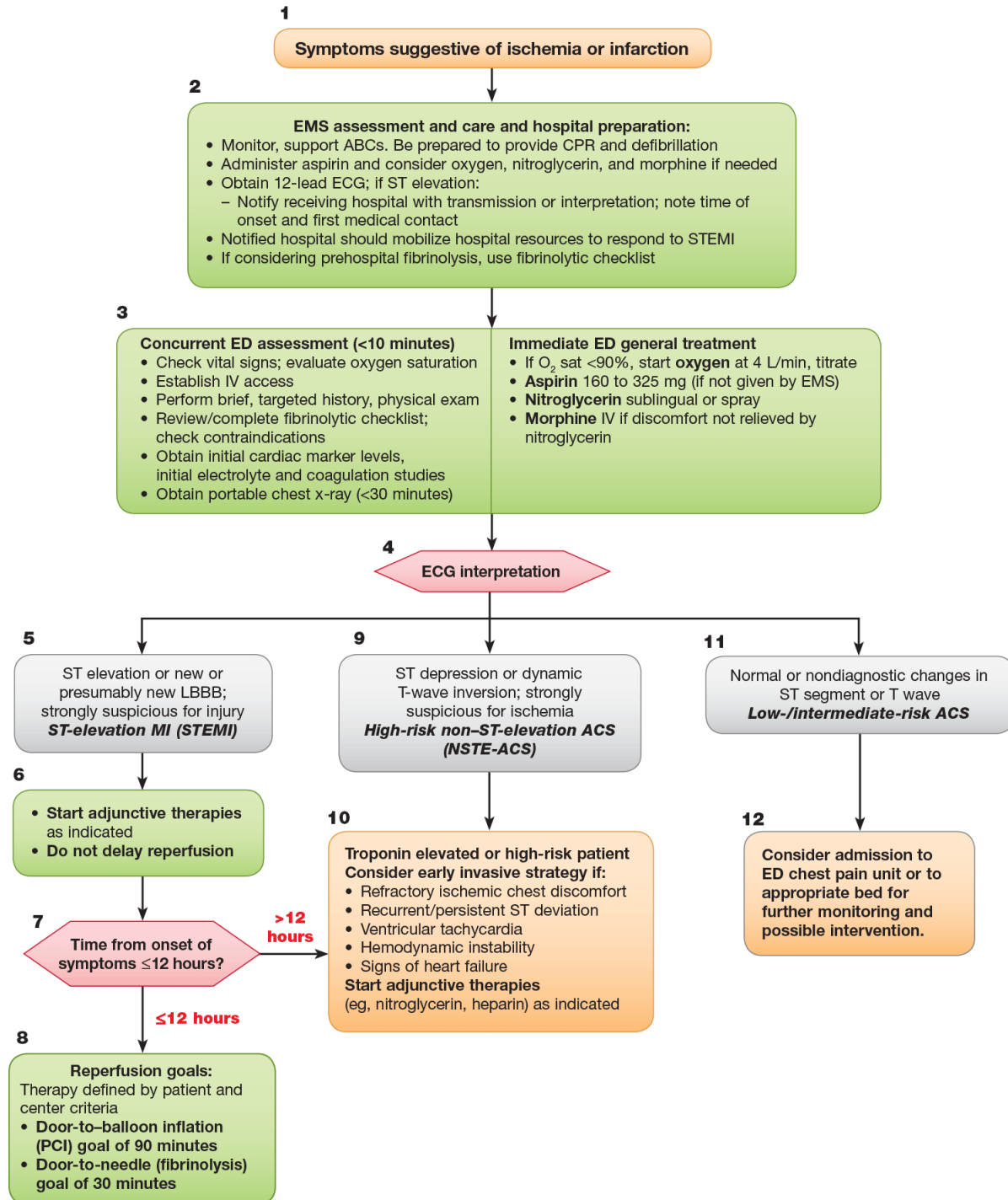






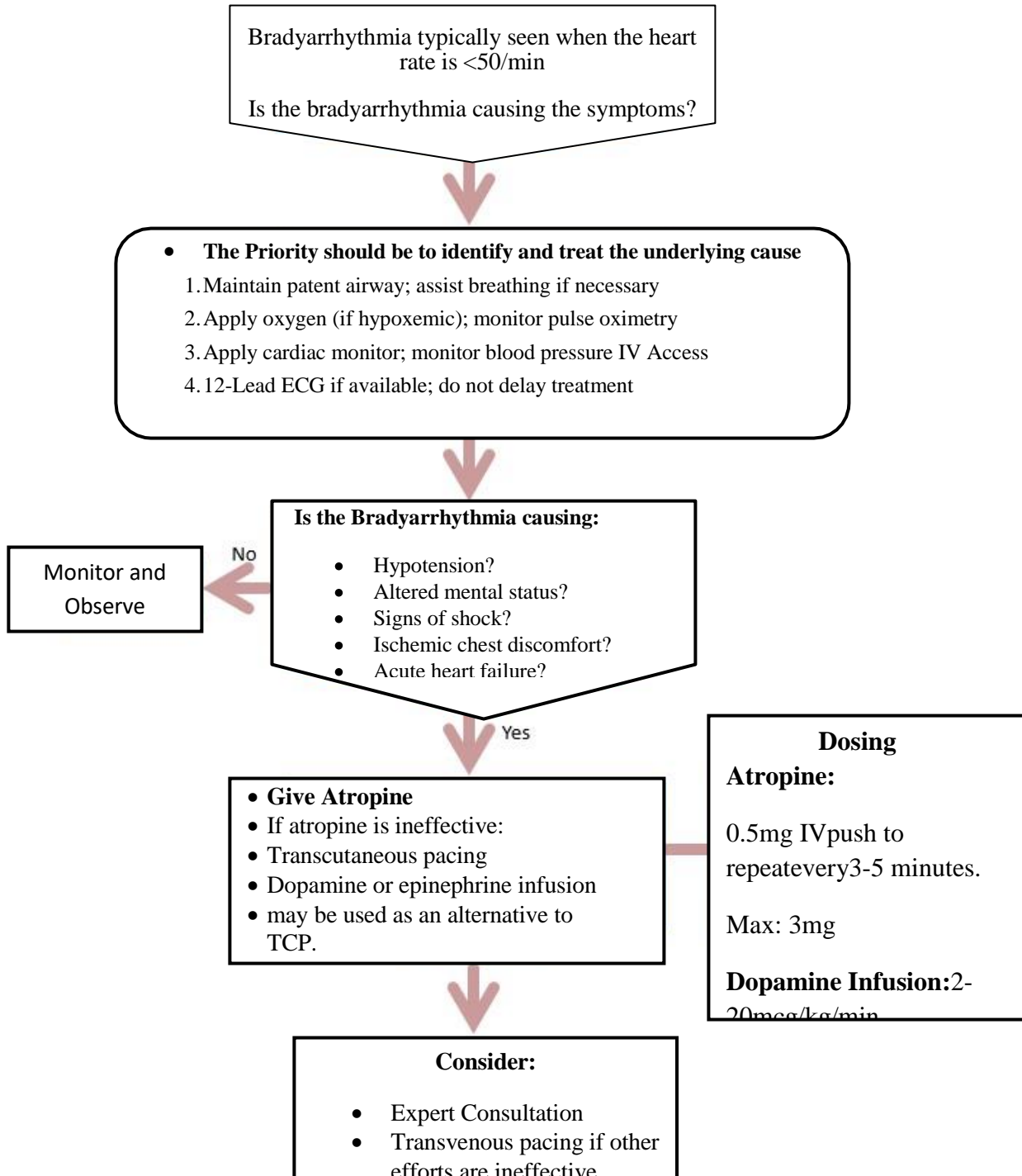
## Appendix 2. Acute Coronary Syndrome Algorithm

### Acute Coronary Syndromes Algorithm – 2015 Update



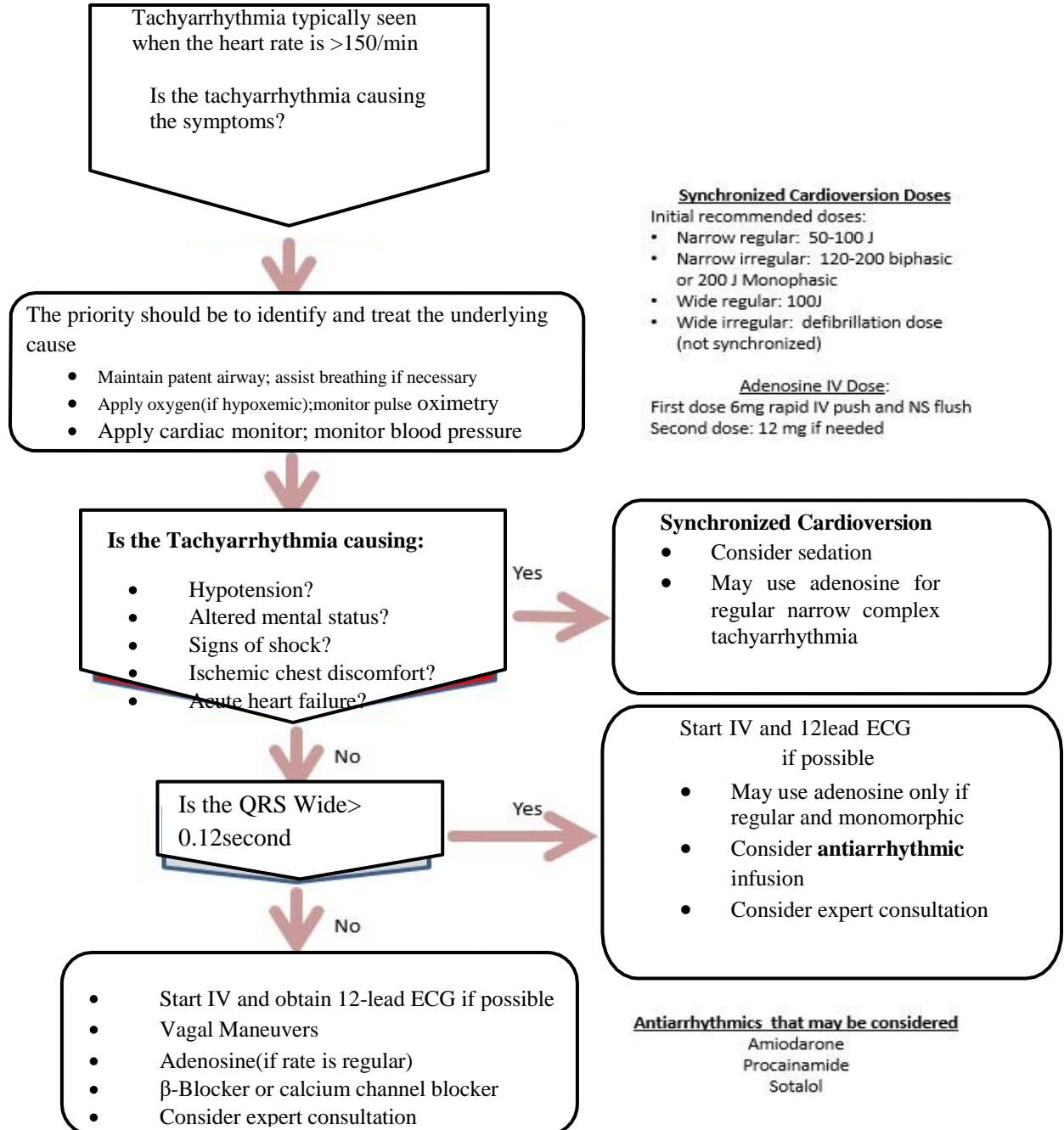


### Appendix 3.AHA ACLS Adult Bradycardia Algorithm





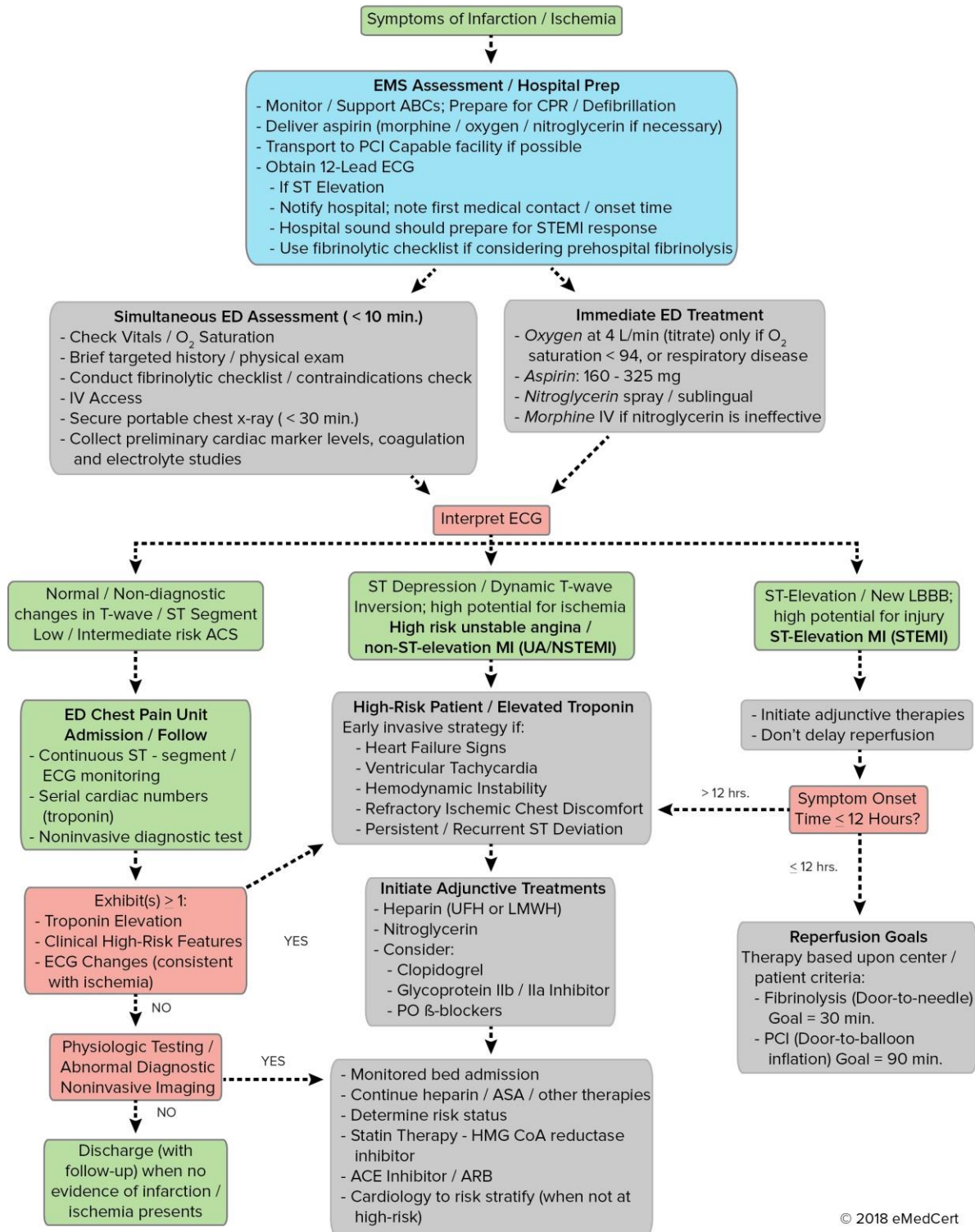
### Appendix 4.AHA ACLS Adult Tachycardia Algorithm (with pulse)





## Appendix 5. Acute Coronary Syndromes Algorithm

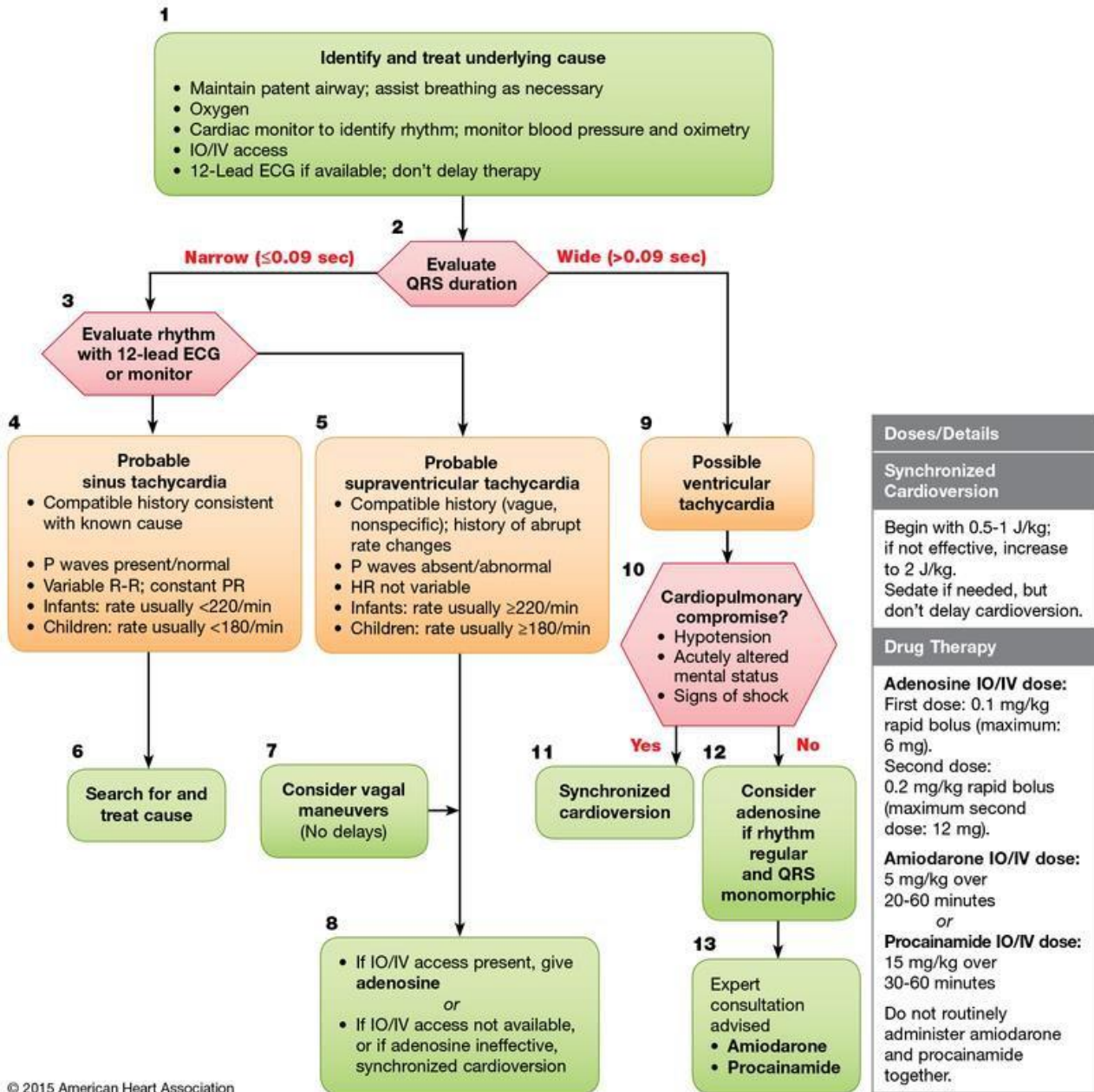
### Acute Coronary Syndromes Algorithm





## Appendix 6. Pediatric Tachycardia with a Pulse and Poor Perfusion Algorithm

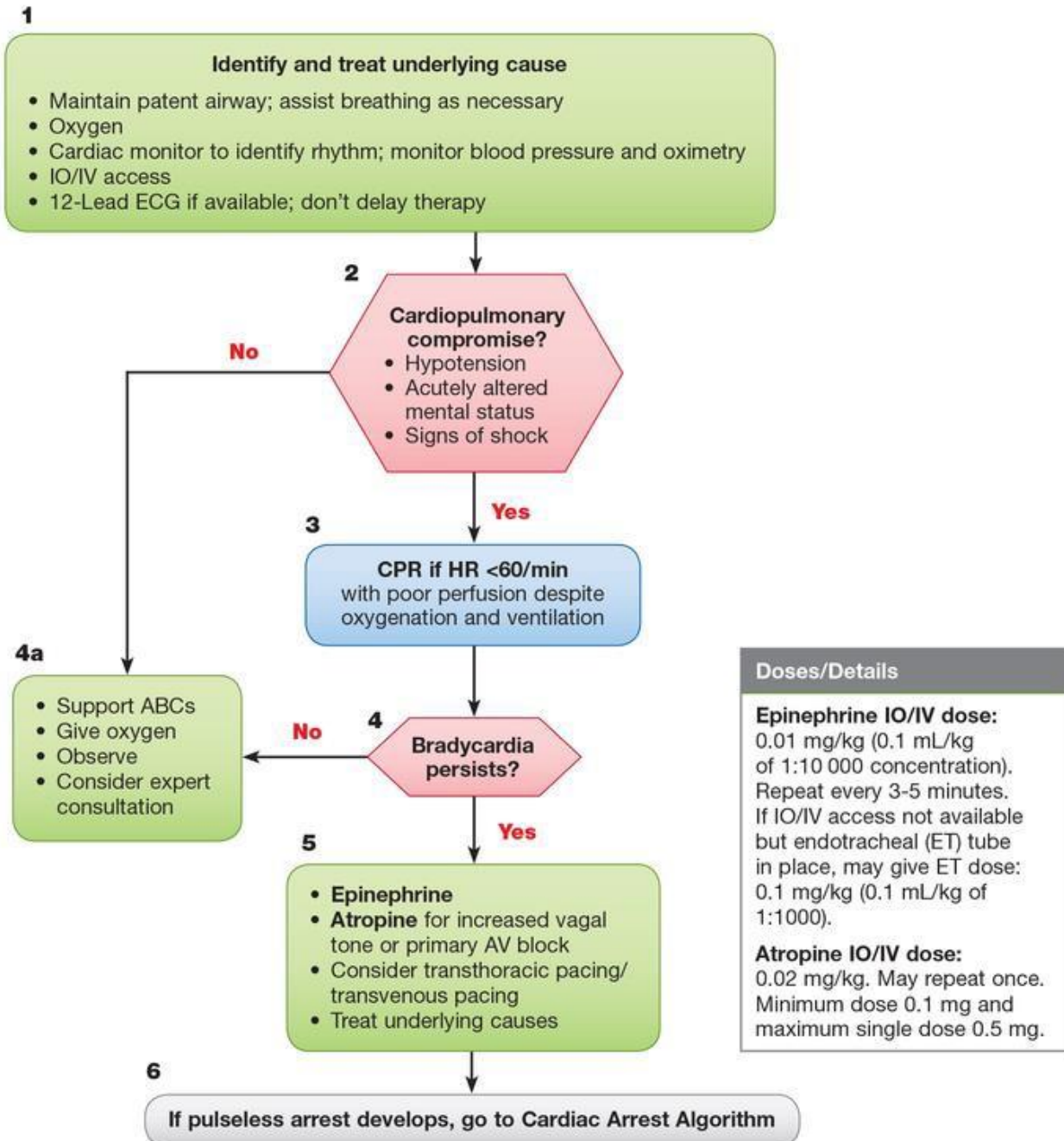
### Pediatric Tachycardia With a Pulse and Poor Perfusion Algorithm





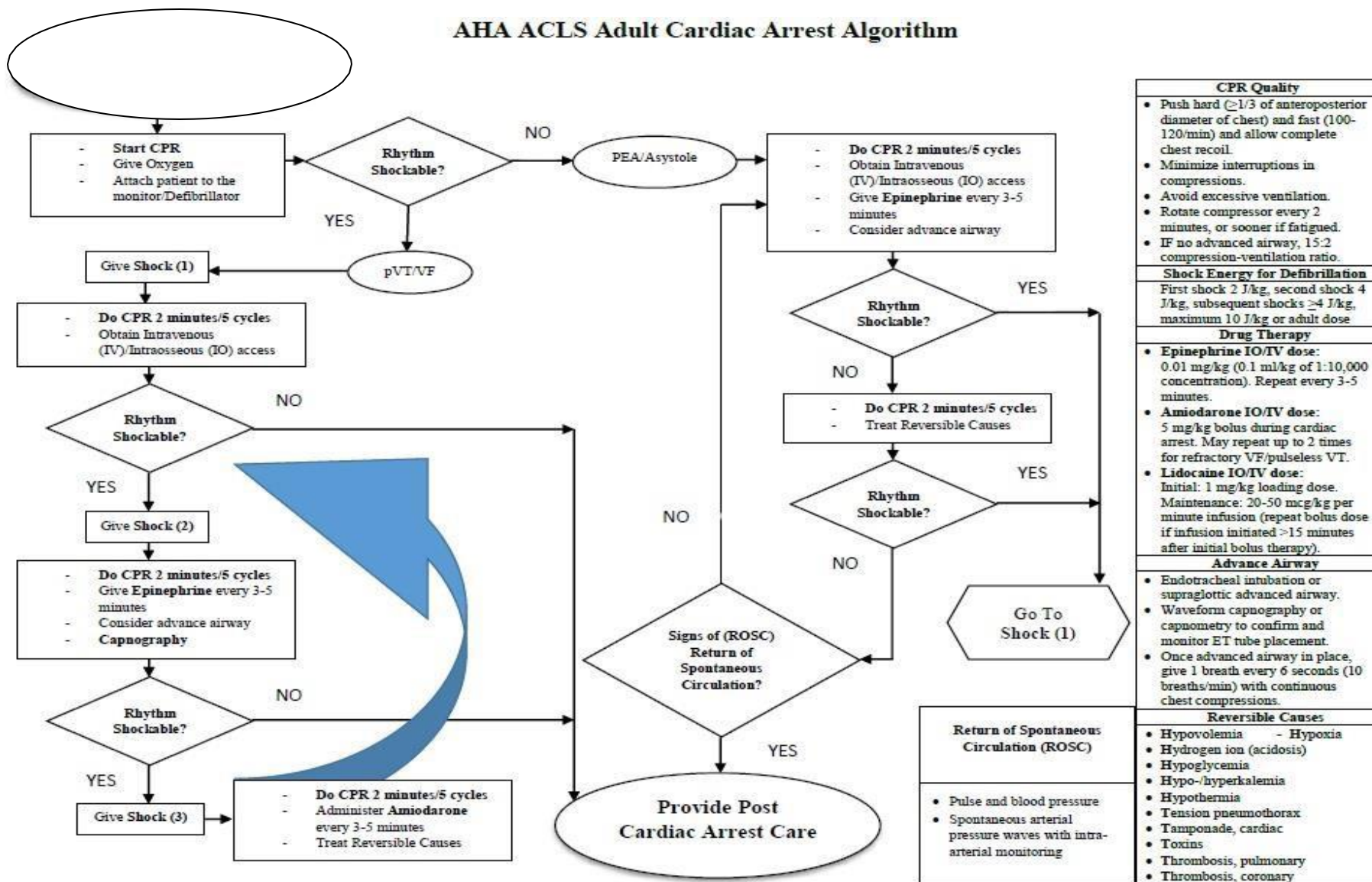
## Appendix 7. Pediatric Bradycardia with a Pulse and Poor Perfusion Algorithm

### Pediatric Bradycardia With a Pulse and Poor Perfusion Algorithm





### Appendix 8. AHA ACLS Adult Cardiac Arrest Algorithm



CPR Quality	
• Push hard (≥1/3 of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil.	
• Minimize interruptions in compressions.	
• Avoid excessive ventilation.	
• Rotate compressor every 2 minutes, or sooner if fatigued.	
• If no advanced airway, 15:2 compression-ventilation ratio.	
Shock Energy for Defibrillation	
First shock 2 J/kg, second shock 4 J/kg, subsequent shocks ≥4 J/kg, maximum 10 J/kg or adult dose	
Drug Therapy	
• <b>Epinephrine IO/IV dose:</b> 0.01 mg/kg (0.1 ml/kg of 1:10,000 concentration). Repeat every 3-5 minutes.	
• <b>Amiodarone IO/IV dose:</b> 5 mg/kg bolus during cardiac arrest. May repeat up to 2 times for refractory VF/pulseless VT.	
• <b>Lidocaine IO/IV dose:</b> Initial: 1 mg/kg loading dose. Maintenance: 20-50 mcg/kg per minute infusion (repeat bolus dose if infusion initiated >15 minutes after initial bolus therapy).	
Advance Airway	
• Endotracheal intubation or supraglottic advanced airway.	
• Waveform capnography or capnometry to confirm and monitor ET tube placement.	
• Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.	
Reversible Causes	
• Hypovolemia - Hypoxia	
• Hydrogen ion (acidosis)	
• Hypoglycemia	
• Hypo-/hyperkalemia	
• Hypothermia	
• Tension pneumothorax	
• Tamponade, cardiac	
• Toxins	
• Thrombosis, pulmonary	
• Thrombosis, coronary	
Return of Spontaneous Circulation (ROSC)	
• Pulse and blood pressure	
• Spontaneous arterial pressure waves with intra-arterial monitoring	



**Appendix 9.Audit Tool**

**Cardiopulmonary Resuscitation Audit Tool**

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1	Observation Interview	Are all staff prepared and able to identify all CPR events?					
2	Observation Interview	In the absence of a CPR status, is CPR performed as the default position in the event of a cardiac arrest unless information comes to light that indicates that this line of activity is inappropriate?					
3	Observation Document Review	Is the reason for decision justified and properly documented whenever a “Do Not Resuscitate” (DNR) decision has been made?					
4	Interview Verify Certificate	Do all clinical staff undergo mandatory training in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) and maintains necessary training updates accordingly?					
5	Observation Interview	Are all Staff aware of and comply with the hospital CPR policy and procedure?					
6	Observation /Document Review	Are all Cardiac Arrest Codes handled by the Code Team in accordance to the ACLS and BLS guidelines stipulated by the American Heart Association (AHA)?					





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7	Observation	<p>Is the code team composed of the following members?</p> <ul style="list-style-type: none"> <li>• Physician on-call (General Medicine), Team Leader</li> <li>• ED Psychiatry Doctor/second on call Psychiatry Doctor, member</li> <li>• Nursing Supervisor/Unit Nurse, member</li> <li>• Assigned Nursing Staff from Male Ward1/2, member</li> <li>• Assigned Nursing Staff from Male Ward 5/6, member</li> <li>• Assigned Nursing Staff from Female Ward2, member</li> <li>• Public Relations Officer (PRO) on duty, member</li> <li>• Other members needed to fulfill the requirement of the CPR team:             <ol style="list-style-type: none"> <li>1. Assigned nurse</li> <li>2. Anesthetist</li> </ol> </li> </ul> <p>Child Psychiatry doctor in case of a pediatric patient CPR</p>					
8	Observation Interview Document Review	<p>Is every member identified during the activation of the Code Team through the following?</p> <ul style="list-style-type: none"> <li>• Team Leader</li> <li>• Airway Management</li> <li>• Medications</li> <li>• Compressor</li> <li>• Recorder</li> </ul> <p>Monitor and Defibrillation Management</p>					



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9	Observation Interview	<b>Team Leader</b> <ul style="list-style-type: none"><li>• Physician</li><li>• Please note that in the absence of the physician, any ACLS certified team member might take the leader role.</li></ul>					
10	Observation Interview	<b>Team Leader Role</b> <ul style="list-style-type: none"><li>• Directly organizes and coordinates the CPR Team.</li><li>• Holds the authority to shift tasks between members as and when applicable.</li><li>• Closely monitor his/her team members.</li><li>• Works as a team (Teamwork oriented).</li><li>• Ensures the current guidelines are followed.</li><li>• Ensures safety of the team members present.</li><li>• Practice excellent communication skills.</li><li>• Ensures the documentation and notification of the code are done on time.</li><li>• Responsible for debriefing and feedback to the code team.</li><li>• Arranging safe transport of patient to amore equipped hospital in handling medical cases, in case needed.</li><li>• Be updated on this policy.</li><li>• Hold valid certificates on BLS and ACLS.</li><li>• Document the details of assessment and intervention during the event in al-Shifa system.</li></ul>					



11	Observation  Interview  Document Review	<b>Other TeamMembers</b> <ol style="list-style-type: none"> <li>1. ED Psychiatry Doctor/second on call Psychiatry Doctor, member: Monitor/Defibrillation</li> <li>2. Nursing Supervisor/Unit Nurse, member: Recorder</li> <li>3. Assigned Nursing Staff from Male Ward1/2, member: Compressor/Airway</li> <li>4. Assigned Nursing Staff from Male Ward 5/6, member: Airway/Compression</li> <li>5. Assigned Nursing Staff from Female Ward2, member: Medications</li> <li>6. Public Relations Officer (PRO) on duty, member: inform next of kin and facilitate transportation to another health institution as applicable.</li> <li>7. The assigned nurse recognizes the cardiac arrest and informs the Key nurse/ward in-charge.</li> <li>8. The anesthetist attends the Code Blue and takes care of the airway</li> </ol>					
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12	<p>Observation</p> <p>Interview</p>	<p><b>Team member roles</b></p> <p><b>A&amp;E Psychiatric doctor/2<sup>nd</sup> on call Psychiatry doctor</b></p> <ul style="list-style-type: none"> <li>• Act as backup to the team leader.</li> <li>• Interprets ECG rhythms and advice about treatment of arrhythmias if needed.</li> <li>• May switch roles with staff who are Responsible for maintaining the airway through Bag-Mask Valve.</li> <li>• May switch roles with the assigned staff in compression to maintain the quality of compression.</li> </ul>					
13	<p>Observation</p> <p>Interview</p>	<p>Assigned Staff:</p> <ul style="list-style-type: none"> <li>• Recognizes patient cardiac arrest.</li> <li>• Call for help.</li> <li>• Notes the time.</li> <li>• Starts CPR (See Appendix 8. AHAACLS Adult Cardiac Arrest Algorithm).</li> <li>• Helps the team in the code blue and performs the tasks as assigned by the Team Leader</li> </ul>					



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14	Observation  Interview	<p><b>The Shift incharge/Ward incharge</b></p> <ul style="list-style-type: none"><li>• Assesses the patient to confirm the cardiac arrest.</li><li>• activates the Code Blue.</li><li>• Takes the crash cart to the side of the patient.</li><li>• Initiates BLS measures, e.g. Bag-mask Valve ventilation.</li><li>• Starts timer.</li><li>• Places cardiac monitor.</li><li>• Connects ECG leads.</li><li>• Starts Intravenous (IV) line.</li><li>• Helps the team in the code blue and performs the tasks as assigned by the Team Leader</li><li>• Shall immediately dial <b>700 to record</b> the details of the event after hearing the beep sound, which must include the following :<ul style="list-style-type: none"><li>• “Cardiac Arrest” “Ward/Location”</li><li>• Then he/she shall immediately dial <b>701 to send the recording of the event details</b> in order to activate the RRT.</li></ul></li><li>• Ensures privacy of the patient on arrest.</li><li>• Assists in transfer of patient to other hospital through arranging transportation and other significant matters.</li></ul> <p>Informs the Nurse Supervisor/ Unit Nurse for concerned ward.</p>					
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15	Observation  Interview	<p><b><u>Code Team Assigned nurse from Male ward 1 / 2</u></b></p> <ul style="list-style-type: none"><li>• Takes over Chest Compression.</li><li>• Performs High Quality CPR.</li><li>• Switches with staff from Male Ward 5 /6 with airway management</li><li>• Should be trained in ACLS</li><li>• Performs any other tasks as assigned by the Team Leader</li></ul> <p><b><u>Code Team Assigned staff from Male Ward 5 / 6</u></b></p> <ul style="list-style-type: none"><li>• Take Care of Airway Management</li><li>• Performs High Quality CPR.</li><li>• Switches with staff from Male Ward 1 /2 for chest compressions</li><li>• Should be trained in ACLS</li><li>• Performs any other tasks as assigned by the Team Leader</li></ul> <p><b><u>Code Team assigned nurse from Female ward 2 :</u></b></p> <ul style="list-style-type: none"><li>• Should be ACLS trained.</li><li>• Is responsible for securing and maintenance of IV line.</li><li>• Administers drugs as instructed by the Team Leader.</li><li>• Maintains a closed loop communication.</li><li>• Withdraws blood for investigations and ensures it is sent to the lab.</li><li>• Helps in the CPR as instructed by the Team Leader</li></ul>					
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16	<p>Observation</p> <p>Interview</p>	<p><b>Nursing Supervisor / Unit Nurse</b></p> <ul style="list-style-type: none"> <li>• Start second timer while arriving Code Blue Team.</li> <li>• Act as recorder.</li> <li>• Assists in the transfer of patient to other hospital through arranging transportation and other significant matters.</li> <li>• Should be trained in ACLS</li> <li>• Performs any other tasks as assigned by the Team Leader</li> <li>• Informs the PRO regarding the patient's condition.</li> </ul>					
17	<p>Observation</p> <p>Interview</p>	<p><b>Patient Services Personnel/Public Relations Officer (PRO)</b></p> <ul style="list-style-type: none"> <li>• Act as a liaison officer between the code team and the families.</li> <li>• Facilitates arrangement of ambulance for transportation if necessary to other hospital for expert management.</li> <li>• Assists in handling arrangement on the event that resuscitation efforts were unsuccessful.</li> </ul>					
18	<p>Observation</p> <p>Interview</p>	<p><b>Pediatrician</b></p> <ul style="list-style-type: none"> <li>• The presence of pediatrician is needed in case the code involves a child aged less than 12years old.</li> <li>• He/she will assume the role of the Team Leader.</li> </ul>					



<b>19</b>	Observation  Interview  Document	<b>Documentation:</b> <ul style="list-style-type: none"> <li>The Shift in-charge staff nurse, in consultation with the Team Leader must document details of the Code Blue event in AMRH through Al Shifa 3+ System (CPR REGISTER) which must be FINALIZED and saved within 24 hours following the event.</li> <li>The Attending Physician (General Medicine) must document the probable cause of death in the patient's progress notes in Al Shifa system.</li> <li>The assigned doctor from the Treating Team must submit the 48-hour death report through Al Shifa system strictly within the next 48 working hours.</li> <li>The assigned staff nurse must submit an event report after the CPR event as early as possible (within the same shift).</li> </ul>					
<b>20</b>	Observation  Interview	<b>Transfer of patient to other hospital:</b> <ul style="list-style-type: none"> <li>The patient can only be transferred to a medical hospital if necessary once the patient's condition is STABILIZED.</li> <li>The Team Leader is expected to refer the patient to the appropriate medical hospital.</li> <li>Whenever possible, the Team Leader can consult the consultant/Physician in Charge.</li> <li>The assigned staff nurse and another nurse as assigned by the team leader, the physician/anesthesiologist who is a member of the team must accompany the patient.</li> <li>The Nurse Supervisor will coordinate with the PRO in arranging the transportation.</li> </ul>					





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21	Observation  Interview	<b>Quality Improvement:</b> <ul style="list-style-type: none"><li>• Auditing of a CPR event will be initiated by the Quality Management and Patient Safety Department (QMPSD) and/or selected specialists assigned by the Hospital Executive Director to ensure the quality of CPR team response.</li><li>• All Residents joining Al Masarra Hospital must be oriented with the CPR Policy by the resident coordinator.</li><li>• CPR policy should be reviewed on January 2026; every 3 years respectively.</li></ul>					
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22	Observation  Interview	<b>Training:</b> <ul style="list-style-type: none"><li>• Training must be to a level appropriate for the staff designation (clinical or non-clinical).</li><li>• All clinical staff must be trained in early detection of deteriorating patients.</li><li>• Non-clinical staff must be trained to ensure that they can recognize cardiorespiratory arrest, summon help, start CPR, and if applicable, be able to operate Automated External Defibrillator (AED).</li><li>• Valid Basic Life Support (BLS) Certificate is MANDATORY for all hospital staff.</li><li>• Doctors working on a 24-hour duty (all doctors, especially the in-house</li><li>• doctors) should be Advanced Cardiac Life Support (ACLS) Certified.</li><li>• Various training programs, simulations, mock drills, in-house training-</li><li>• learning video to be conducted by the Professional Development and</li><li>• Career Guidance Department (PDCG) to ensure all staff is well versed with the CPR protocols.</li><li>• The Professional Development and Career Guidance Department should ensure validation of BLS and ACLS certificates.</li><li>• The PDCG coordinator ensures that all Team Leaders have an updated ACLS certificate.</li></ul>					
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Appendix10. Document Request Form

Document Request Form			
<b>Section A: Completed by Document Requester</b>			
1. Requester Details			
Name	Dr. Preeti Srivastava Wafa Al Wadhahi	Date of Request	25/01/2023
Institute	Al Masarra Hospital	Mobile	92976415 24873664
Department	Laboratory & General Medicine	Email	drpreeti@hotmail.co.uk
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> <u>Modification of Document</u>	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Cardiopulmonary Resuscitation (CPR)		
Document Code	AMRH/GM/P&P/002/Vers.02		
<b>Section B: Completed by Document Controller</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation: <i>proceed with the document</i>			
Name	Kunooz Al Balushi	Date	January 2023
Signature		Stamp	



### Appendix 11. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy & Procedure of Cardiopulmonary Resuscitation (CPR)			Document Code: AMRH/GM/P&P/002/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
<b>1.</b>	<b>Approved format used</b>				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
<b>2.</b>	<b>Document Content</b>				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
<b>3.</b>	<b>Well defined procedures and steps</b>				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
<b>4.</b>	<b>General Criteria</b>				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..... For implementation ..... More revision ..... To be cancelled					
Reviewed by: <b>Kunooz Al Balushi</b>			Reviewed by: <b>Maria Claudia Fajardo-Bala</b> <i>MCF</i>		

*Kunooz Al Balushi*

