

Name: _____ Date: _____ Unit: _____

Implementing the ABCD's During a Code Blue Response in an Adult Patient

1. **True False** Rapid Response is the same as a code blue team.
2. What is the number for activating Rapid Response?
 - a. 0
 - b. 3333
 - c. 911
 - d. Do not call a number, scream down the hallway for assistance
3. **True False** The bedside nurse continues to care for the patient when rapid response arrives by assisting as needed: Obtaining manual vital signs, glucometer, printed labs, and provide the current situation/medical background of the patient.
4. What is the method for communicating to healthcare providers regarding patient status? _____
5. The process for initiating a code blue response is:
 - a. Dial "3333" and state, "Code blue on ___ (nursing unit)"
 - b. Page the medical extern
 - c. Do 2 minutes of CPR then call for help
 - d. Pull the fire alarm
6. The *director of a code blue* is:
 - a. The nurse assigned to the patient
 - b. Charge Nurse/Nursing Supervisor
 - c. Physician in charge (intern, resident, attending)
 - d. Anesthesiologist
7. The nurse assigned to the patient will assume the role of the _____ during a code blue to ensure that all events of the code are documented on the *Resuscitation Record*. This provides continuity in documentation and provides the ability to provide information regarding the patient's hospitalization, current treatments, medications, and the events that occurred immediately before the code.
 - a. Medication Nurse
 - b. Charge Nurse
 - c. Recording Nurse
 - d. The runner

8. First line drugs such as atropine and epinephrine are located:
 - a. Medication pyxis
 - b. Drawer 1
 - c. Drawer 2
 - d. Lower shelf

9. A medication that is used to treat bradycardia, asystole, and pulseless electrical activity is:
 - a. Epinephrine 1 mg every 3-5 minutes, followed by 20ml N.S.IV
 - b. Atropine 1mg IV and can be repeated every 3-5 minutes for a maximum of 3 doses (3mg) except in bradycardia. If bradycardia, the dose would be 0.5 mg IV every 3-5 minutes as needed (maximum of 0.04mg/kg).
 - c. Atropine via endotracheal tube 2-3 mg diluted in 10cc NS.
 - d. Either B or C

10. Epinephrine is a medication used to treat ventricular fibrillation, pulseless ventricular tachycardia, asystole, and pulseless electrical activity. The adult dosage is:
 - a. 1mg IV (1:10,000 solution) every 3-5 minutes. Follow each dose with 20ml N.S. IV.
 - b. 2-3mg diluted in 10cc N.S. via endotracheal tube
 - c. Both A & B

11. **True False** Amiodarone is an antiarrhythmic and is indicated for ventricular fibrillation, pulseless ventricular tachycardia, and ventricular tachycardia with a pulse.

12. **True False** Vasopressin is indicated for pulseless ventricular tachycardia and ventricular fibrillation. The adult dosage is to administer 40 units IV as a single dose and it may replace the first or second dose of epinephrine.

13. Which of the following will **not** be found on the crash cart:
 - a. Narcotics
 - b. Sedatives
 - c. Paralytics
 - d. All of the above

14. Indicate the *location* of the following medications/equipment in the crash cart:

Medication	Location	Equipment	Location
Amiodarone 150mg/3ml		Syringes	
D5W 250cc		Vascular access equipment	
500cc and 1000cc 0.9% N.S.		IV tubing	
Epinephrine 1:10,000 syringe (1mg)		Ambu bag	
Atropine 1 mg		Intubation supplies	
Narcan 0.4mg/ml		Pacemaker generator for transvenous pacing	

15. When the AED is analyzing the patients rhythm, staff are to:

- a. Administer CPR
- b. Stand clear
- c. Start an IV access
- d. Obtain vital signs

16. The electrodes/lead wires and quick combo redi-pak must **both** be utilized for:

- a. Synchronized cardioversion
- b. Transcutaneous pacing
- c. Defibrillation
- d. All of the above
- e. A & B only

17. All of the following statements are true regarding synchronized cardioversion **except:**

- a. Sedate the patient before cardioversion
- b. Cardioversion can be performed at a energy level of 50 joules
- c. The delivery of energy is synchronized to occur during the QRS complex
- d. Synchronized cardioversion is done via the quick combo redi-pak
- e. It is not necessary to record an EKG strip during cardioversion

18. Place a number (1-6) before the following to indicate the steps of manual defibrillation:

- _____ Press Charge button
- _____ Select Energy Select. Adjust as up or down as needed.
- _____ Press ON
- _____ Press Shock
- _____ Apply Quik-Combo therapy electrodes
- _____ Stand clear

19. Some signs and symptoms that may be associated with sinus bradycardia include:

- a. Heart rate <60 bpm
- b. Decreased level of consciousness
- c. Hypotension
- d. All of the above

20. The most effective therapy for the treatment of ventricular fibrillation and pulseless ventricular tachycardia is:

- a. Epinephrine
- b. Atropine
- c. Immediate defibrillation
- d. CPR

21. Asystole may indicate an absence of electrical activity. The first intervention would be:

- a. Check lead placement and assess for a pulse
- b. Initiate CPR
- c. Call a code
- d. Obtain vital signs

22. Interventions for a patient in ventricular tachycardia include:

- a. Assess for a pulse
- b. If the patient is stable (has a pulse) and does not have indications of diminished perfusion – administer medications
- c. If the patient is unstable with a pulse – cardiovert
- d. If the patient is unstable (pulseless) – defibrillate
- e. All of the above
- f. None of the above. CPR is the only indication for ventricular tachycardia

23. Which of the following must be monitored during the post resuscitation period in addition to providing an ongoing physical assessment:

- a. EKG rhythm
- b. Vital signs
- c. Environment
- d. All of the above
- e. A & B only