



Abstract

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Respiratory Therapist role in code blue team activation with peri-cardiac arrest and cardiac arrest patients.

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Objectives:

Respiratory Therapists are essential member of code blue team in any hospital. This retrospective analysis will determine the workload and their significance with the addition of peri-cardiac arrest patients in activation of code blue team instead of cardiac arrest patients alone.

Methods:

Retrospective data of code blue activation in General Ward for 10 months in the year 2018 was collected including both peri-cardiac arrest and cardiac arrest patients. The cause of activation was also identified.

Results:

Out of 97 Code blue activation in General ward, 27 of the total activation were patient with unexpected cardiac arrest and 70 were peri-cardiac arrest patient. Highest number cause of code blue activation was due to Desaturation/Hypoxia with 41, followed by Pulseless or Bradycardia with 35, Hypotension 17 and Shortness of Breath with 4. As expected due to hypoxia, shortness of breath and pulseless activity where in 61 were intubated during code blue in the ward, 2 had Non-invasive ventilation and 34 were given oxygen supplement/ room air.

Conclusions:

Respiratory therapist are trained and appointed for airway and ventilator management. As data showed 63 patients required intubation/ non-invasive ventilation. Where it shows that majority of peri-cardiac and cardiac arrest patient involves the role of respiratory therapist. Respiratory therapist plays a major role in code blue activation due to hypoxia/desaturation, shortness of breath which requires intubation and non-invasive ventilation.