

Title: Ministry of Health Standardized Code Pink policy	
Policy Owner: MOH Committee on Hospital Clinical Services and Policies	Policy code: A-LD-003
Section location: Administrative/General	Effective date: 1/2/2024
Applies to: General and Specialized Health Care Facilities, Wards, Emergency Rooms, outpatient departments and Facility vicinity	Revision dates: 1/2/2026
Approvals:	Signature/Date
Approved by: The Council of Pediatric Medicine	
Approved by: The MOH Committee on Hospital Clinical Services and Policies	
Approved by: The Director of Technical Affairs	
Approved by: The Assistant Undersecretary of Technical Affairs	
Notes:	

وكيل وزارة الصحة المساعد للشؤون الفنية
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1.0 Purpose:

The purpose of this policy is to provide a standardized multidisciplinary approach across the ministry of health (MOH) hospitals to the care of children who suffer from cardiopulmonary arrest or impending cardiopulmonary arrest in the hospital setting with the goal of improving patient survival outcome.

Policy Statement:

This policy is intended to guide and instruct all hospital staff and code pink teams to provide efficient, high-quality care to children who suffer cardiopulmonary arrest or impending cardiopulmonary arrest within the hospital setting.

This policy clearly delineates the roles and responsibilities of hospital staff and code pink teams.

2.0 Definition:

2.1 Code Pink:

In accordance with the MOH standardized emergency color code policy A-LD-001, "Code Pink" is an emergency response protocol which is used to indicate that a pediatric patient is having cardiopulmonary arrest or impending cardiopulmonary arrest and needs immediate resuscitation by the "Code Team".

2.2 Code Pink Team:

A Multidisciplinary team that provides advanced resuscitation for a patient or visitor (child) with cardiopulmonary arrest or impending cardiopulmonary arrest.

2.3 Cardiac arrest:

A condition in which a child is found unconscious, unresponsive, not breathing or pulseless.

2.4 Impending Cardiopulmonary arrest:

A condition in which a child is found to be in extremis, where immediate resuscitation is critical to avoid imminent cardiac arrest.

2.5 Pediatrics:

In accordance with the current Ministry of Health of Kuwait regulation, the pediatric patient is defined as a patient up to 12 years of age, or a neurologically impaired individual who weighs less than 35 kg AND is less than 18 years of age. This policy does not include newborns admitted in the NICU, labor and delivery suites, or postnatal wards.

2.6 PALS:

Pediatric Advanced Life Support of the American Heart Association; includes a set of clinical interventions and practices to effectively manage children with respiratory & cardiac emergencies, shock, and cardiopulmonary arrest or impending Cardiopulmonary arrest by using effective team dynamics and high-quality individual skills.

2.7 BLS:

Basic Life Support generally refers to the type of care that first responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest.

2.8 Crash Cart:

Designated carts (trolley) that contain emergency medications, defibrillator and other emergency equipment and supplies required to perform lifesaving treatment in compliance with PALS protocol.

2.9 Emergency Equipment Bag:

A designated bag that will contain necessary portable resuscitative equipment.

2.10 Emergency Drug Bag:

A designated bag that will contain emergency medications necessary to help perform lifesaving interventions.

2.11 MRP:

The designated most responsible physician. Generally, refers to the physician or other regulated health care professional, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point of time.

2.13 First Responder:

It is the first person (doctor or nurse or any other healthcare professional) witnessing a child suffering from cardiopulmonary arrest or impending cardiopulmonary arrest in the hospital setting.

3.0 Code Pink Team Members

In accordance with the MOH standardized emergency color code policy articles 6.3.1.3 and 6.6, hospitals should have committees reviewing and updating their code policies and educating their staff for specific responsibilities based on their job descriptions and scope of services. As such, the code pink team members may vary based on the facility available resources and manpower.

3.1 Code Pink Team members in hospitals without Pediatric Intensive Care Unit (PICU) services include:

3.1.1 Two qualified physicians with active PALS certification with competency in pediatric airway management (anesthesiologists, pediatricians on call).

3.1.2 Two qualified nurses with resuscitation experience with active PALS certification.

3.1.3 Two ward nurses with pediatrics experience.

3.1.4 The team designation is to set on a monthly rota.

3.2 Code Pink Team members in hospitals with PICU service should include:

3.2.1 At least one PICU physician (registrar and/or senior registrar).

3.2.2 Two general pediatric ward physicians (registrar and/or senior registrar).

3.2.3 At least one PICU nurse.

3.2.4 Two ward nurses.

3.2.5 respiratory therapist (if possible/available).

3.3 In hospitals with in-house specialized pediatric anesthesiologists, they will be expected to be part of the Code Pink team. Their role will be to help support the patient's airway and breathing.

3.4 In hospitals without specialized pediatric anesthesiologists, the general

anesthesiologist will be included to the code pink team, according to available personnel and resources.

3.5 Hospital code committees, deeming the addition of a general anesthesiologist to the code pink team as necessary, will need to add a supplement to this policy. The role of the anesthesiologist will be to help support the airway and breathing.

3.6 Head Nurse of PICU will schedule at least one PICU Nurse from every shift who will become a member of the Code Pink team.

3.7 If for any reason, an assigned Staff Nurse from PICU cannot respond to a Code Pink activation, the Team Leader of the PICU is responsible to designate a qualified staff for replacement.

4.0 Code Pink Team Member Roles:

4.1 The most senior physician with expertise in resuscitation will assume the team leader role. The following order for seniority is to be implemented :

4.1.1 PICU consultant.

4.1.2 PICU Senior Registrar or Acting Senior Registrar.

4.1.3 PICU registrar.

4.1.4 Anesthesiology registrar.

4.1.5 General Pediatrics Consultant.

4.1.6 General Pediatrics Senior Registrar.

4.1.7 General Pediatric Registrar.

4.1.8 General Pediatrics Assistant Registrar.

4.1.9 Code Pink PICU nurse.

4.1.10 ward team leader nurse.

4.2. The Team Leader will clearly announce their role and make sure all code pink team members are aware of their roles.

5.0 Code Pink Activation Locations:

5.1 The Code Pink team should be activated in response to a code pink in the following areas in the hospital:

5.1.1 Pediatric wards.

5.1.2 Pediatric Day Case Unit.

5.1.3 Pediatric Outpatient Department.

5.1.4 Adult Outpatient Department.

5.1.5 Pediatric Inpatients admitted in Non-Pediatric Wards (Surgery/ENT/Orthopedic ward etc.).

5.1.6 Radiology Department

5.1.7 Within the vicinity of the above locations (including the lobby, corridors, cafeteria, etc.).

5.2 The Code Pink team should NOT be activated from the following areas in the hospital (as they have specialized units with teams able to manage and effectively respond to resuscitations):

5.2.1 PICU.

5.2.2 Operating rooms.

5.2.3 PACU.

5.2.4 NICU.

5.2.5 postnatal wards or nursery.

5.2.6 labor and delivery suite.

5.2.7 Adult emergency Department.

5.2.8 Pediatrics emergency Department.

5.3 If a PICU physician or anesthesiologist is required to assist in resuscitation from these respective sites, it should be on an emergency consultation basis as per the MOH consult policy A-ADM-001.

6.0 Equipment:

6.1 Crash carts should be readily available and accessible in each patient care environment including but not limited to the pediatric wards, outpatient department, day-case units, PICU, PACU.

6.2 Crash carts should be routinely checked and immediately restocked following use.

It is the responsibility of the assigned nursing staff in the respective patient care area to ensure crash carts are checked and restocked.

6.3 Crash Carts should be equipped with emergency medications.

6.4 A clear checklist of necessary emergency medications should be provided in each crash cart and regularly reviewed (including number of stock and expiry dates).

6.5 The list of emergency medications should be reviewed and prepared in each hospital by a PICU team or code pink designate, pharmacy, and nursing (SDU) team.

6.6 The list of the emergency medications must be officially approved by the chairs of the pediatric department and pharmacy and the director of nursing.

6.7 The crash cart is to be locked with a plastic tag, and once opened should be checked, refilled and locked again in accordance with article 6.2, 6.3,6.4, 6.5.

6.8 Crash carts should be equipped with emergency equipment in a consistent, organized manner with every drawer labeled clearly with its contents.

6.9 Each crash cart should at least include the following;

6.9.1 Defibrillator.

6.9.2 Cardiac monitor (portable).

6.9.3 Vital sign monitor.

6.9.4 Oxygen source.

6.9.5 Suction apparatus.

6.9.6 Backboard.

6.9.7 personal protective equipment (PPE).

6.9.8 Airway equipments and adjuncts.

6.9.10 Intravenous and intraosseous (IV &IO) access.

6.9.11 Needle connectors.

6.9.12 Intravenous fluid bags.

6.9.13 Dressing, gauze.

6.9.14 Nasogastric tubes.

6.9.15 Stethoscope.

6.10 Different sizes should be available for each device/supplies.

6.11 The equipment list should be reviewed and prepared in each hospital by PICU team or code pink designate, and nursing.

6.12 This list needs to be officially approved by the pediatric department head and nursing director.

6.13 Crash Carts should have tamper lock when available.

6.14 Each Crash Cart should have an attached updated version of PALS algorithm which includes drug dosing guideline & a Braselow tape.

6.15 On an as needed basis, certain hospitals may opt to designate a portable emergency equipment and drug bag (rapid response bag) to be carried by the assigned code pink nurse. This bag can be taken to code pink activation sites when a crash cart is likely not to be easily available such as codes in the hospital lobby. This bag may contain a similar, resuscitation equipment and emergency drug list necessary for code pink management. Such hospitals are required to add a supplement to this policy with a checklist of the equipment and medications in the bag.

7.0 Procedure for Code Pink activation:

7.1 When to activate code pink

7.1.1 The Code Pink should be activated for any child (including visitors) that is found unresponsive with Cardiopulmonary Arrest or impending Cardiopulmonary Arrest in the locations mentioned above.

7.1.2 The team should respond immediately after the announcement of Code Pink.

7.2 How to activate code pink

7.2.1 For hospitals or areas with overhead paging (Public Announcement System):

7.2.1.1 The first responder or designate should activate Code Pink if possible or ask someone to help & activate Code Pink by making a clear announcement and repeating it 3 times in this manner.

For example: Code Pink, Pediatric Ward B-7, Room 129.

Code Pink, Pediatric Ward B-7, Room 129. Code Pink, Pediatric Ward B-7, Room 129

7.2.2 For hospitals or areas without overhead paging OR if overhead paging system is down:

7.2.2.1 The first responder or designate will directly call the code pink activation extension number or by any other means that the hospital committee sets to activate the code and inform them of the location.

7.2.2.3 Each hospital code committee should add a supplement to this policy that clearly describes how Code Pink will be activated in their respective hospitals with their available resources. The goal is to provide a clear, effective, efficient, accessible way to activate Code Pink that is generalized to all services.

7.3 Code Pink Team Management

7.3.1 After the Code Pink is activated, the first responder on site will initiate BLS immediately without delay and perform high quality CPR until another staff arrives to assist in ventilation.

7.3.2 Other responders are assigned to do the following:

7.3.2.1 To mobilize the closest crash cart and place it near the patient's bed.

7.3.2.2 Place the resuscitation board under patient's shoulder and back.

7.3.2.3 Bag mask & ventilate the patient using an Ambu bag with reservoir connected to O2 at 15 LPM (compression to ventilations ratio will be 15:2).

7.3.2.4 Turn on the defibrillator.

7.3.2.5 Attach the leads.

7.3.2.6 Secure IV or IO access.

7.3.2.7 Clear the surrounding area in the patient bedside so that the rescuers can work unhindered.

7.3.2.8 As soon as any Code Pink team member arrives, he or she will assume the code team leader role until someone more senior with more experience in resuscitation arrives to run the code.

7.3.2.9 The first responder at the bedside will inform the code pink team of the situation leading up to the code and interventions done.

7.3.3 The code team leader will be responsible for:

7.3.3.1 Directing all actions and ensuring closed loop communication per PALS.

7.3.3.2 Oversee medication delivery using PALS drug dosing guideline.

7.3.3.2.1 Oversee Defibrillation.

7.3.3.2.2 Rhythm analysis and pulse checks.

7.3.3.2.3 Declares death and decides when to stop resuscitation.

7.3.3.2.4 Confirms that all documentation is complete.

7.3.3.2.5 Delegating team member roles as follow:

7.3.3.2.5.1 Airway (doctor and respiratory therapist or nurse).

7.3.3.2.5.2 Primary assessment (doctor).

7.3.3.2.5.3 Chest compressor 1 and 2 (doctor and/or nurse).

7.3.3.2.5.4 IV nurse, medication nurse (PICU nurse).

7.3.3.2.5.5 Defibrillator doctor or nurse (PICU nurse).

7.3.3.2.5.6 Recorder (ward nurse).

7.3.4 The security officer and Public Relation Officer (PRO) are responsible for securing the scene, maintaining traffic and controlling number of people in the room.

8.0 Steps for Code Pink Team deactivation:

8.1 Once the Code Pink is complete, the code should be announced as cleared for 3 times by using the PA system when available.

For example, "Code Pink.

All Clear, Pediatric Ward B6, Room 129. Code Pink All Clear, Pediatric Ward B6, Room 129. Code Pink All Clear, Pediatric Ward B6, Room 129."

8.2 If ROSC is achieved:

8.2.1 The patient will be evaluated by PICU team for the decision of admission to PICU according to the facility ICU admission criteria.

8.2.2 If the patient is agreed for transfer to the ICU (by the MRP, or code leader and the ICU attending) the designated ward team leader nurse should coordinate for transfer of the patient accordingly.

8.2.3 In cases of cardiac arrest in hospital premises other than inpatient care areas.

8.2.3.1 The Code Pink team are to stabilize the patient and ensure prompt transfer of the patient to the ER where care is to be handed over to the ER physician who will take lead for further management according to their protocol.

8.2.3.2 The emergency department physician will manage the case according to their practice in emergency service.

8.3 If ROSC was not achieved

8.3.1 If ROSC is not achieved in a ward, the treating/oncall physician is to inform the next of kin and complete the death certificate after which the body will be shifted to the facility morgue as per hospital protocols.

8.3.2 If ROSC is not achieved in hospital premises other than the inpatient care areas, the code pink team leader is to hand over the case to the ER physician who will inform the next of kin and complete the death certificate after which the body will be shifted to the facility morgue as per hospital protocols with referral to forensic medicine and a police report is issued accordingly.

8.4 All the interventions that have been undertaken, and the resultant patient's response, must be recorded in the Code Pink Documentation Sheet (Appendix 1) and added to the patient's chart with read back all interventions and times.

8.4.1 The Code Pink Documentation Sheet (Appendix 1) will be reviewed and signed by the code recorder, code team leader (physician), all code team members, and the assigned staff nurse.

8.4.2 In hospitals with electronic health records, guidelines should be implemented on scanning and saving these documentation sheets.

8.4.3 Documentation in nursing records should be completed by the assigned staff nurse.

8.4.4 At the end of any code pink, once the patient is transferred, the code team will complete the Code Pink Feedback Form (Appendix 2).

9.0 Responsibilities

9.1 It is the responsibility of the chairs of clinical departments and their respective heads of units to ensure all members of the department and units are trained in BLS, PALS and the code pink responsibilities.

9.2 It is the responsibility of the chairs of clinical departments and their respective heads of unit to ensure a code pink team and call schedule is established, circulated

and updated routinely.

9.3 It is the responsibility of the chairs of clinical departments and their respective heads of unit to ensure ongoing education and training, faculty development, and quality improvement to provide optimal patient care.

9.4 It is the responsibility of the Chief Medical Officer to ensure this policy is established and maintained through the respective facility.

9.5 Any additional supplements to this policy as mentioned above should be provided and officially approved.

9.6 It is the responsibility of the Chief Medical Officer to ensure a code pink policy committee is established to review, implement, audit and update the policy, adherence and performance of the code.

10 References.

Topjian AA, Raymond TT, Atkins D, Chan M, Duff JP, Joyner BL Jr, Lasa JJ, Lavonas EJ, Levy A, Mahgoub M, Meckler GD, Roberts KE, Sutton RM, Schexnayder SM; Pediatric Basic and Advanced Life Support Collaborators. Part 4: Pediatric Basic and Advanced Life Support: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2020 Oct 20;142(16_suppl_2): S469S523.

Lexicomp. PALS.

MOH Code Pink Policy Version 1 Page 9 of 14 Effective Date Dec. 15, 2023
Revision.

Revision: This policy has been revised by Kuwait PICU TaskForce and MOH Clinical Guideline Committee, Technical Affairs.

11. Attachments:

12.7 Appendix 1: Code Pink Documentation Sheet.

12.8 Appendix 2: Code Pink Feedback Form.

Appendix 2 Code Pink Feedback form

Pediatric Department
CODE PINK FEEDBACK FORM

Date: _____ **Code Start Time:** _____ **Code End Time:** _____ **Location:** _____
Name: **File No:** **Diagnosis:**

Sl. No	Review Criteria	Yes	No	NA	Comments
1	Code Pink announcement clear and loud				
2	Code Pink identified accurately				
3	CPR initiated without delay				
	Followed BLS/ PALS guidelines				
4	Timely mobilization of Crash Cart				
5	IV access present				
	IV Access / additional access was needed, established immediately				
7	Timely response from Code team members (Within 1-3 mts) of Code announcement				
8	Was a Code Team Leader selected ?				
9	Assignment of roles and responsibilities by Team Leader				
10	Team members clear of their roles and responsibilities				
11	Closed loop communication between team members				
13	Defibrillator used appropriately If indicated				
14	Medications /supplies in Crash Cart complete				
15	Equipment functioned properly				
16	Were priorities anticipated and established ?				
17	Code pink documentation completed				

Outcome of Code Survived- ROSC Expired **Transferred to:**

Areas of Improvement

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Code Pink Team Members

Sl No	Name	Role	Signature
1			
2			
3			
4			
5			
6			
7			

