



AB209. 5. True blues?—a review of “code blue” calls in a tertiary paediatric hospital

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Background: Cardiac arrest in children is fortunately an infrequent event. These events in hospital are usually serviced by a cardiac arrest or code blue team. With growing demands on critical care services in Ireland the composition of these teams warrants review. Currently in Ireland, paediatric intensive care unit (PICU) is staffed at approximately 40% of the recommended levels. In our hospital, there are two critical care doctors and one critical care nurse on the code blue team. The aim of this study is to review the “code blue” calls over a 6-year period in a tertiary paediatric hospital with attention to the source of calls, the involvement of critical care personnel, timing of

calls and the requirement for critical care admission.

Methods: This retrospective study looked at all code blue calls between January 2011 and December 2016. All code blue call data are recorded at the code then collected and collated by the resuscitation officer. We reviewed the timing of and the reason for the call, whether anaesthetic intervention was required and if the child was transferred to PICU. These details were entered into an excel database.

Results: There were 381 code blue calls during the 6-year period of which chest compressions occurred in 142 (37.2%); 130 (34.1%) required transfer to the PICU and 55 (14.4%) died; 268 (70.3%) of these calls occurred out of hours.

Conclusions: There is need to discriminate between a cardio-respiratory arrest or the need for urgent senior clinical help to optimise critical care personnel resources.

Keywords: Paediatrics; cardiac arrest; patient safety; intensive care

doi: 10.21037/map.2018.AB209

Cite this article as: Kearsley R, Creaney M, Kirby F, Doherty D. True blues?—a review of “code blue” calls in a tertiary paediatric hospital. *Mesentery Peritoneum* 2018;2:AB209. doi: 10.21037/map.2018.AB209