



Title: Code 3 Bleed Alert	Date Updated 11.16.2022
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Reviewed by: Nilda Perez (Regulatory), Flo Woodley (Engineering) <ul style="list-style-type: none"> <input type="checkbox"/> Medicine Committee <input type="checkbox"/> Code Blue Committee <input type="checkbox"/> Critical Care Committee <input type="checkbox"/> EOC (Informational) <input type="checkbox"/> MEC <input type="checkbox"/> CMO <input type="checkbox"/> CAO <input type="checkbox"/> CNO 	Owner: AH/SL ED Operations For Updates Contact: Dr. Nikita Joshi

CODE 3 Bleed ALERT Pathway

Inclusion Criteria: any patient that is critically unstable and who requires packed red blood cells (pRBCs) for stabilization prior to transfer to higher level of care. Patient location is inclusive of any location within Alameda Hospital and San Leandro Hospital: Inpatient, Emergency Department, and surrounding campus.

Exclusion Criteria: stable patient, pediatric patient, patient where type and crossed blood is available

Appendix A - Code 3 Bleed ALERT – ALH Clinical Laboratory Requisition EXAMPLE

Process

1. Code 3 Bleed Alert is called overhead via paging system
 - a. The physician is responsible for requesting Code 3 Bleed Alert
 - i. Unit Clerk, Charge Nurse, or Physician/APP calls 5-5555 to alert hospital operator

- ii. Hospital Operator activates the Code 3 Bleed Alert by overhead page and critical message
- 2. Lab goes to Blood Bank FIRST
 - a. Retrieves cooler with 2 units pRBCs (Oneg)
 - b. Prints and brings Code 3 Bleed lab paper requisition.
- 3. Code 3 team, which includes physician, bedside nurse, and nursing leadership including Lab come to the bedside.
 - a. Lab brings two units Oneg pRBCS to the Code 3 Bleed Alert patient bedside.
- 4. Lab specimens are obtained from the patient
 - a. Type and Screen is obtained by Lab
- 5. **Provider decides to administer Oneg blood and issues a verbal order**
 - a. Lab requisition form is filled out
 - i. Patient label with identifier is affixed
 - ii. Labels from the pRBC units are affixed
 - b. Nurse Recorder documents into Epic the blood unit number(s) that are administered to the patient
 - i. Scanning the unit of pRBCs will capture the unit number into Epic
 - ii. The usual process of emergency administration of blood products would be followed (2 person verification, documentation of vitals in the Epic transfusion flowsheet, etc)
- 6. Pt leaves hospital via ambulance
 - a. **If blood is administered:**
 - i. Nurse documents within Epic if blood is being actively administered
 - ii. Cooler returns to lab with remaining units and/or paper order
 - b. **If provider does NOT administer blood**
 - i. Cooler + 2 units of pRBCs are returned to lab via lab within 2 hours of the onset of Code 3 Bleed Alert
- Epic order must be used for ordering any other type of blood product or lab test.
- Lab requisition form is taken back to Lab, and is scanned into Epic by Lab

Commented [PB1]: Who is on the code 3 team?

Commented [PB2]: Does the provider need to enter an order(s) and what is that order? At HGH we enter a T&S and an order for emergency blood.

Commented [JK3]: does scanning the unit link it to a patient without an order?

Commented [JK4R3]: is this built into code 3 narrator?

Commented [JK5R3]: Niki emailed Nabil to find out.



Code 3 Bleed – ALH Clinical Laboratory Requisition

Ordering Attending Physician:		Date/Time:
Affix patient label here		
Location & Telephone #	<input type="checkbox"/> Emergency Department x12345 <input type="checkbox"/> Other:	

Lab Order: Type and Screen

Fate of blood in the cooler* (select action taken):

- ☐ Cooler left in the ED (peel off labels from each pRBC unit and affix below)

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- ☐ Unit(s) administered in ED
☐ Unit(s) hanging in ambulance while en route

*Return Cooler to Lab within 2 hours, with remaining pRBC units and/or completed documentation for unit(s) transfused