GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.:	PAGE:
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TITLE: EMERGENCY EQUIPMENT (CRASH CART) MAINTENANCE, PREPARATION, AND EXCHANGE PROCESS

LAST REVIEWED/REVISED: 09/2017

ENDORSED: NM 09/2017, CSR 11/2017, PHARMACY 11/2017, EMC 12/2017

PURPOSE:

This policy defines the mechanism to standardize emergency equipment and supplies in a crash cart is readily available and ready to use in the event of a cardiopulmonary arrest. This policy will also outline the responsibility of the Central Supply and Receiving Department (CSR), Pharmacy Department, and Nursing Services Division and other clinical areas in maintaining, preparing, and exchanging the crash cart.

POLICY:

1. Nursing Units shall maintain at least one crash cart in the units. The contents outside of each crash cart shall be maintained (checked) by a licensed personnel at the beginning of each shift (see Attachment I: Daily Crash Cart Checklist).

2. If there are two crash carts in the unit, nursing staff shall ensure that there is a rotation of use between the two crash carts using the last in first out (LIFO) process.

3. Other clinical areas that provide outpatient services (Radiology, Special Services, Respiratory, and Rehabilitative Services) shall maintain at least one (1) crash cart in their departments. The content outside the crash cart shall be checked at the beginning of each work day.

4. The crash carts and medication code boxes shall be locked with a tamper-resistant lock by a CSR personnel and a Pharmacy personnel, respectively.

5. Any crash cart or medication code box that was found unlocked, shall be reported through a Patient Safety Report, as it has been tampered. The supplies and medications are used mainly for the occurrence of a Code 72, or Rapid Response intervention, and for no other reason should it be opened.

6. Crash carts are to be inspected by the assigned licensed nursing personnel and to be refilled immediately (a) after a Code 72; (b) when it has been opened for RRT

purposes; (c) when there is an expired supply; (d) when there is a missing expiration label, (e) when the crash cart was found unlocked, or (f) for monthly maintenance. CSR will be responsible of stocking the crash cart using the Full Inventory Crash Cart checklist. This checklist is maintained by CSR, and reviewed every three years with the applicable nursing units.

7.   Medication Code Box will be exchanged immediately by Pharmacy personnel (a) after a Code 72, (b) when there is an expired medication, (c) when there is a missing expiration label or (d) when it is found unlocked.

8.   Expiration labels shall be placed on the outside of each crash cart and medication code box by the CSR personnel or pharmacist, respectively, who has prepared the crash cart or medication code box. This label shall indicate the supply or medication that is first to expire and its date of expiration (See Attachment III: Crash Cart Expiration Label).

9.   CSR shall have at least five (5) fully stocked crash cart (plus one pediatric crash cart) in the department at all times.

10.   CSR and Pharmacy shall ensure that routine monthly crash cart maintenance will be   performed

11.   Any equipment found inoperable during inspection shall be referred to the Biomedical Department by the inspecting personnel. A work order request shall be completed and submitted.

PROCEDURES

I.   NURSING SERVICES RESPONSIBILITIES

A.   Shift Crash Cart Checks

1.   At the beginning of the shift, the charge nurse is responsible to assign a licensed personnel to perform a crash cart check.

2.   The assigned licensed personnel shall review the daily shift crash cart checklist, which assess the availability of the contents outside the crashcart (see Attachment I) and ensure the following:

a.   Ensure that there is no expired supply or medication based on the expiration label. If there is an expired item, the crash cart or medication box shall be exchanged.

b.   Per manufacturer recommendation, inspect the defibrillator daily. Ensure that the training provided by Biomedical Equipment staff is being followed. (Attachment II)

        i.   Unplug the defibrillator to test for effective functioning.

       ii.   Verify that the defibrillator has sufficient amount of EKG tracing paper

     iii.   Inspect the cables for any break or tear

     iv.   Turn on the defibrillator to ensure that the equipment is properly charged

      v.   Inspect charge by manufacturer's recommendation. This is included in the Biomedical training.

     vi.   Plug the defibrillator after testing. Crash carts must remain plugged into wall power unit at all times.

c.   Inspect the portable suction. Plug in suction and power on and perform a functional testing. Ensure that the portable suction's preventative maintenance label is current, if not exchange the suction machine in CSR.

d.   Inspect the oxygen cylinder. Ensure that the tank is more than half full. If empty or replacement needed, contact courier assigned to oxygen checks for assistance.

e.   Inspect the ambu-bag box: ensure that all supplies are available (ambu bag, face mask, and tubing)

f.   Inspect that there is a cardiac backboard on the rear of the cart

g.   Inspect all supplies on cart and ensure that all supplies are available and in working condition.

3.   Sign your name to the checklist. The charge nurse is held responsible to ensure that a shift crash cart check has been performed.

B.   <u>After a Code 72:</u>
When the crash cart is used after a Code 72, the following procedures will be performed by the licensed personnel.

1.   The nursing staff shall complete the Full Inventory Crash Cart Checklist (which also acts as a Charge Voucher), ensuring that the patient's addressograph is applied to the voucher. The charge voucher is incorporated in the Full Inventory Checklist. The crash cart charge voucher shall be attached to the patient's charges folder for data clerks to obtain and input charges. The medication code box has its individual voucher which will remain with the box—Pharmacy Department shall input the medication charges.

2. The charge nurse shall call Central Supply Department and inform the staff that a crash cart has been used and the crash cart will be delivered to them for replacement shortly. The equipments (defibrillator, oxygen tank, and portable suction machine) soiled or not, shall be sanitized by the nursing staff using appropriate supplies/solutions.

3. The used code box shall be locked with the yellow seal found inside the code box, which indicates the pharmacy code box has been used. The charge nurse shall call Pharmacy Department and inform them to exchange the medication code box.

C. Expired Item or Unlocked Crash Cart/Medication Code Box
During crash cart checks, should an item be identified as expired, there is no expiration label on the crash cart/medication code box, or the Crash Cart/medication code box was found unlocked, Assigned nursing personnel shall perform the following procedure:

1. **For the crash cart:**
   a. The charge is to inform CSR Department of the need to exchange the crash cart due to it found unlocked. A Patient Safety Report shall be completed, and submitted accordingly.

   b. The crash cart is brought down to CSR Department for proper maintenance and preparation.

2. **For the medication code box:**

   a. Complete a Patient Safety Report if the medication box was found unlocked, as it has been tampered.

   b. Call Pharmacy Department to exchange the medication code box.

II. CENTRAL SUPPLY AND RECEIVING (CSR) RESPONSIBILITIES

A. CSR staff shall receive the crash cart and provide a ready to use crash cart to the unit. The point of exchange shall occur at CSR. Staff members performing the exchange shall have their names logged in the logbook at CSR.

B. CSR shall inspect and sanitize the crash cart and any soiled equipment that is unable to be cleaned and sanitized in the floor.

C.   CSR shall restock the crash cart based on the full inventory checklist within six hours from the time the crash cart was received.

    1.   The full inventory list has par levels for each item. Any item that is not stocked according to the par level shall be documented accordingly on the form by indicating the actual number stocked in the crash cart. Items that are not in stocked shall be indicated as NIS, and communicated to nursing personnel upon receipt of the crash cart.

    2.   All items that are to expire within 3 months shall be indicated/recorded in expiration date column of the full inventory checklist.

D.   CSR shall indicate in the expiration label which supply is to expire first and its date of expiration and place the label on top of the crash cart (Attachment III)

E.   CSR staff shall prepare the Requisition and Returned Form for the IV fluid and inform Pharmacy of the needed IV fluids that need replenishing. Nursing staff shall pick up the IV Fluid from the Pharmacy Department.

III.   PHARMACY DEPARTMENT RESPONSIBILITIES

The Medication Code Box

- When the charge nurse calls pharmacy department, pharmacy department personnel shall retrieve the opened code box and provide the unit with a locked medication code box (within 60 minutes).

- Pharmacy Department personnel shall charge the medication(s) to the patient, as indicated in the charge voucher.
- The pharmacy personnel shall replace the box and reassemble the box in a timely manner (within 6 hours). A pharmacist shall check the assembled box and seal the box with a tamper resistant lock.

- The expiration label shall indicate the medication which is to expire first, and shall be placed outside the medication code box.

- Pharmacy department shall maintain a reasonable quantity of fully equipped medication code box at all times.

IV.   PROCEDURE DURING CSR AFTER-HOURS

In the event that a code 72 occurs after CSR's working hours, the following procedure shall be followed:

- The unit will utilize their second crash cart/medication code box, if available.

- The charge nurse will inform the nursing supervisor on duty of need to obtain a stocked crash cart from CSR. The nursing supervisor on duty shall get assistance in bringing the crash cart to the CSR Department, to obtained a replacement

- The Nursing Supervisor shall be escorted by Security staff to open CSR Department and obtain a new crash cart.

- The used crash cart shall be placed in the cart wash room (decontamination section) and the CSR Crash Cart Return Logbook shall be completed by the Nursing Supervisor.

- The Nursing Supervisor shall obtain a stocked crash cart and complete the CSR Crash Cart Exchange Log sheet.

- For units that have two crash carts: At the beginning of CSR's work day, all used crash carts shall be transported to CSR by a nursing personnel. The charge nurse shall call CSR to notify them. It is expected that a crash cart exchange occurs at the time the used crash cart is submitted.

RESCISSION

Policy No. A-PC500, Emergency Equipment (Crash Cart) Maintenance, Preparation, and Exchange Process of the Administrative Manual, interim approved in September 18, 2017

RELATED POLICIES

- Policy No. 1002, Crash Cart Inspection of the Pharmacy Department Manual
- Policy No. 1003, Crash Cart Box Control and Security of the Pharmacy Department Manual
- Policy No. 1004, Drug Maintained in Crash Cart Box of the Pharmacy Department Manual

ATTACHMENTS

I. Daily Crash Cart Checklist
II. Defibrillator Daily Checklist
III. Crash Cart Expiration Label

ATTACHMENT I

GUAM MEMORIAL HOSPITAL AUTHORITY
DAILY CRASHCART CHECKLIST

DATE																				
Shift	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
TOP OF CART																					
CRASH CART LOCKED (LOCKED # AS DOCUMENTED BELOW)																					
CRASH CART NOT EXPIRED																					
MEDICATION CODE BOX NOT EXPIRED																					
AMBU BAG PRESENT (ADULT/PEDS)																					
DEFIBRILLATOR																					
DEFIBRILLATOR PRESENT																					
DEFIBRILLATOR CHECK DONE-DAILY ONLY (USE SEPARATE DEFIB CHECKLIST)																					
ECG PAPER SUFFICIENT																					
OXYGEN																					
OXYGEN CYLINDER WITH REGULATOR PRESENT																					
OXYGEN PSI >1/2 FULL																					
SUCTION																					
PORTABLE SUCTION PRESENT (PM LABEL CURRENT)																					
SUCTION CANISTER PRESENT																					
SUCTION CONNECTING TUBE PRESENT																					
MISCELLANEOUS																					
CPR BACKBOARD																					
CODE 72 RECORD FORM																					
CODE 72 POLICY AND PROCEDURE																					
ACLS/PALS/NRP ALGORITHMS (AS APPLICABLE)																					
SHARPS CONTAINER PRESENT (NOT 3/4 FULL)																					
GLOVES																					
FLASHLIGHT																					
DISPOSABLE MASK																					
INITIALS																					

At each crash cart exchange, please indicate the crash cart lock # and the medication code box lock #, and date of expiration

DATE OF EXCHANGE	CRASH CART #	EXPIRATION DATE	MEDICATION CODE BOX LOCK #	EXPIRATION DATE

Revised 09/2017

ATTACHMENT II

LIFEPAK® 20e Defibrillator/Monitor Operator's Checklist

Unit Serial No.: _____
Location: _____

Instructions	Recommended Corrective Action	Date:							
		Insert a ✓ in the box after completing each instruction.							

1. **Check printed result of 3 A.M. daily auto test.** (*If no self-test results have printed, refer to Step 10.) If:
   - SELF-TEST FAILED — Contact Bio-Med @ 647-2122
   - SELF-TEST DID NOT COMPLETE — CONNECT TO TEST PLUG — Connect test plug or secure paddles in well, and perform manual User Test. If CONNECT TO TEST PLUG message appears, contact Bio-Med

2. **Inspect physical condition for:**
   - Foreign Substances — Clean the defibrillator
   - Damage or Cracks — Contact Bio-Med @ 647-2122

3. **Inspect power source for:**
   - AC power connector plugged into unit and AC power source; AC Mains LED is lit — If AC Mains LED is not lit, contact Bio-Med @ 647-2122
   - Broken, loose, or worn power cable — Replace damaged or broken parts.

4. **Check therapy and ECG electrodes for:**
   - Use by date — Replace is past expiration date.
   - Spare electrodes available — Obtain spare electrodes.

5. **Examine accessory cables for:**
   - Cracking, damage, broken or bent parts or pins, and paddle surfaces for pitting — Replace damaged or broken parts.

6. **Disconnect the defibrillator from AC power, wait 2 seconds, press ON and look for:**
   - Momentary SELF-TEST messages and momentary illumination of LEDs. — If absent, contact Bio-Med @ 647-2122
   - Service LED is lit — If lit, power off device, then power back on. If service LED stays lit, contact Bio-Med @ 647-2122

7. **Check ECG printer for:**
   - Adequate paper supply — Replace if necessary
   - Ability to print. — If not working, contact Bio-Med @ 647-2122

8. **Confirm therapy cable connected to defibrillator and perform cable check:**
   - IF QUICK-COMBO™ therapy cable is connected:
     - Confirm test plug connected to therapy cable.
     - Press ANALYZE button.
     - After ANALYZING NOW message, look for REMOVE TEST PLUG message. — If CONNECT CABLE or CONNECT ELECTRODES message appears, contact Bio-Med @ 647-2122
   - IF HARD PADDLES are connected:
     - Confirm paddles properly seated in wells.
     - Select 10 J and press the CHARGE button. — If CONNECT CABLE or CONNECT ELECTRODES message appears, contact Bio-Med @ 647-2122
     - (Note: Discharging > 10 joules in paddle wells may damage defibrillator)
     - When fully charged, press the SHOCK button on the paddles and look for the ENERGY DELIVERED message. — If no energy delivered and stock tone continues, press Speed Dial to disarm, and contact Bio-Med @ 647-2122

9. **Reconnect to AC power and then power off the device**

10. *Perform manual User Test if:
    - Hospital protocol requires more frequent device testing than the recommended daily auto test. — If User Test fails, contact Bio-Med @ 647-2122
    - Daily auto test did not complete or did not print
    - REDI-PAK™ electrodes pre-connected to therapy cable

Staff Initials: _____

ATTACHMENT III

CRASH CART
EXPIRATION LABEL

_____

NAME OF SUPPLY/EQUIPMENT

_____

EXPIRATION DATE

Please indicate the name of the supply/equipment that is to expire first in the crash cart, and its expiration date.

THIS LABLE IS TO BE PLACED OUTSIDE THE CRASH CART

CRASH CART
EXPIRATION LABEL

_____

NAME OF SUPPLY/EQUIPMENT

_____

EXPIRATION DATE

Please indicate the name of the supply/equipment that is to expire first in the crash cart, and its expiration date.

THIS LABLE IS TO BE PLACED OUTSIDE THE CRASH CART