

Lippincott Clinical Leaders: The Nurse's Role During a Code

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Lisa Bonsall: Hello and welcome to the Lippincott Clinical Leaders Podcast. My name is Lisa Bonsall and I'm the Senior Clinical Editor for Lippincott NursingCenter. Today, I'm joined by Dr. Elizabeth Tomaszewski, our Clinical Content Manager for Certification Review here at Wolters Kluwer. Dr. Tomaszewski has over 30 years of experience as a nurse and continues to practice as an acute care nurse practitioner. She also has had nine years of experience as faculty and track director for the Adult Gerontology Acute Care Nurse Practitioner Program at Drexel University. Thank you for joining me today.

Beth Tomaszewski: Thank you for having me.

Lisa Bonsall: Today, we're going to talk about leadership during a code and the role of the bedside nurse. So how can nurses be leaders at the bedside during a code?

Beth Tomaszewski: Awesome topic. Nurses can create order out of chaos. They can take all the obscure details and kind of hone in on what things take priority and need addressing right away, as opposed to things that are niceties. Even your team leader might in fact be an advanced practice nurse such as myself, as opposed to a physician and some nurses don't realize that. But all nurses can lead from their designated roles on the code team.

Lisa Bonsall: Thank you. What are some examples of nurses leading from their roles?

Beth Tomaszewski: Sure. So medication nurses are great at reminding the leader, myself included, of drug timings or suggesting meds that might be beneficial things that we're not thinking about right away. Particularly if you have a leader who's new at doing codes and leading codes, whether it be a physician, a resident, a PA, or a nurse practitioner. For instance, a recorder, the nurse recorder is also very good at recapping all the events, making sure that we didn't miss anything. Ensuring that all the treatments are being delivered at the right time and appropriately to the patients. And making sure a patient's receiving the best care possible. The nurse can also be sure to relieve the compressors. That's one thing that sometimes the team leaders forget about because we're thinking about other things. But you know, there's always somebody else sitting there to help watch to make sure that people don't get exhausted.

Nurses also can function as a liaison for family members, which is an excellent thing, particularly if there's family presence being utilized at the bedside of a code. But even in situations where that's not possible and the family is maybe in a waiting room that's nearby, it's always good to have a nurse be able to run back and forth and give them updates and let them know what's happening.

Because I'm sure we've all been in this situation where families are really considering how far they want to go with a code. And it's important to have that communication from the family in real time because it may be time to stop that code. But all nurses can be leaders in a code situation by using closed loop communication. It really does shine when it comes to professionalism and pushing the nursing profession forward.

Lisa Bonsall: Thank you, Beth.

Beth Tomaszewski: Sure.

Lisa Bonsall: So when a code is happening, there's often so many people in the room and sometimes people can feel left out and unsure of where they're supposed to be. So who might that be? Who would feel left out in that situation?

Beth Tomaszewski: I mean, right away I think of codes that occur more so on the floors than in the unit. The bedside nurse surprisingly often will kind of get washed over. You know, this wave of staff comes from the ICU and all over the hospital, and they are the ones that have that information that you need. A quick SBAR is great, you can get that from the bedside nurse. What are they here for? What happened? What were the circumstances regarding how they went down? And they know best. When did they give medications last? Was there something that we gave within the last hour or two, maybe they're allergic to? They're the prime advocate for the patient.

And, sometimes too, if the nurses are more new or a new graduate, they tend to be overlooked as well. But it could be anyone who has that one piece of information that the team leader needs to be able to recover that patient. It could even be something simple. Even environmental services, believe it or not, I know we're talking about nurses, but once I was in a code and it was environmental services that told me that the patient had pulled out their central line from their jugular trying to help because they were going to go home. And that patient subsequently arrested due to an air embolus. Nobody else had that information. So you never know where that nugget of information is going to come from. And it could be the nurse with the least experience in that room or someone who's not even a nurse.

Lisa Bonsall: Wow. How about that? So aside from saving the patient, what's the most important step to be taken during a code?

Beth Tomaszewski: I think one of the things that gets forgotten a lot is debriefing. And sometimes, particularly with our staffing patterns right now and the fact that there's a bit of short staffing going on and depending on the acuity of that patient afterwards, it's very hard to get everybody together to do a good debriefing. But I think that's very essential.

And why is it essential? It's not meant to be punitive. It's not to lay blame. It's to genuinely review and constructively criticize what we've done. What did we do good? What did we not do so well? How could a process be improved? Maybe it was a process issue. Sometimes we don't ever know what happened. But there's many ways to debrief. And I know that Lippincott NursingCenter has a blog that actually goes over different debriefing types.

Lisa Bonsall: Can you talk about or give an example of how to debrief after a code?

Beth Tomaszewski: Sure. Usually the code team leader will be the one who leads the debriefing. Sometimes it's a nursing supervisor. Everyone who's involved, regardless of their role, should be invited because it's a learning experience for everyone. And everyone has a different perspective about how that code went, how they performed and just overall circumstances. The best thing to do is to set the stage, make sure we talk about and set the ground rules. What are we going to talk about and how are we going to talk about it? Because it can be very emotional or very charged if things didn't go well.

Things you should talk about: what went well, what didn't go so well, what could have gone better, what can we improve upon next time? And one thing I want to make sure to do when I'm debriefing, I thank everybody for their input. I thank them for their participation because I think people tend to forget how stressful that can be for people. And just thanking them for their presence can often mean a lot.

Lisa Bonsall: Oh, wow. Well, thank you for that, because that is pretty powerful.

Beth Tomaszewski: Absolutely.

Lisa Bonsall: Any key takeaways?

Beth Tomaszewski: Sure. Nurses can be leaders within their scope and their role in a code blue situation. You don't have to be the team leader to be a leader, if that makes sense. Opportunities like this provide leadership within a team model as well. Wherever you are in that team, you can still produce that leadership. You can be a leader as a medication nurse, you can be a leader as the recorder. You don't need to be the person calling the shots to be that leader. And that leadership opportunity provides nurses the validation of their clinical significance and demonstrates their professionalism, which I think is one of the most important things that we can do as nurses to make sure that we get the respect that we deserve.

Lisa Bonsall: This has been wonderful. Thank you so much, Beth.

Beth Tomaszewski: You're very welcome.

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