

# Adult Code Team Activation Criteria

**IF THE PATIENT MEETS ANY OF THE FOLLOWING CRITERIA,\*  
CLINICAL STAFF SHOULD CALL A CODE – x2323**

<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Rate &lt;8 or &gt;36</li> <li>• New onset difficulty breathing</li> <li>• New pulse oximeter reading less than 85% for more than 5 minutes that is not easily corrected with oxygen administration (unless patient known to have chronic hypoxemia)</li> </ul>
<b>Heart Rate</b>	<ul style="list-style-type: none"> <li>• &lt;40 or &gt;140 <u>with symptoms</u> or any rate &gt;160</li> </ul>
<b>Blood Pressure</b>	<ul style="list-style-type: none"> <li>• &lt;80 or &gt;200 systolic or &gt;110 diastolic <u>with symptoms</u></li> </ul>
<b>Acute Neurological change</b>	<ul style="list-style-type: none"> <li>• Acute loss of consciousness.</li> <li>• New onset lethargy or narcosis without immediate response</li> <li>• Seizure (outside of seizure monitoring unit)</li> <li>• Sudden loss of movement (or weakness) of face, arm or leg; sudden loss of speech</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Chest pain unresponsive to nitroglycerine or doctor unavailable</li> <li>• Color change (of patient or extremity): pale, dusky, gray or blue</li> <li>• Unexplained agitation more than 10 minutes</li> <li>• Suicide attempt</li> <li>• Uncontrolled bleeding</li> <li>• A new critical lab value that the available clinical staff are not able to address in a timely fashion</li> <li>• <b>The nurse or other clinician is very worried about the patient</b></li> </ul> <p>*criteria based on DeVita et. al. Qual Saf Hlth Care 2004; 13; 251-254 and Buist et. al. BMJ 2002; 324: 387-390.</p>

**DO NOT WAIT UNTIL IT'S TOO LATE!**