Background Information: Unexpected events can lead to cardiopulmonary arrest in a free-standing ambulatory surgery center (ASC). These events typically happen on an infrequent basis. Hospital-based rapid response teams and code teams do not exist in an ASC setting. The responsibility for managing cardiopulmonary arrest in the ASC relies on available staff with advanced life support and basic life support training.

Objectives of Project:
- Engage staff in mock code drills addressing cardiopulmonary arrest situations unique to the different patient care areas in the ambulatory surgery center.
- Develop action plans based on evaluations of the mock code drills with the bedside staff.

Process of Implementation: The Clinical Learning Specialist teamed with one of the Life Support Coordinators within the larger organization to implement mock code drills. A high-fidelity mannequin was used during the drills. The “Rules of Engagement” for participating in a mock code were communicated to staff. The mock code drills occurred in various locations around the ASC, including the preoperative room, operating room, phase I recovery, phase II recovery, and procedure room. The drills were recorded to enhance the discussion and learning after each exercise.

Statement of Successful Practice: Mock code drills have continued on a monthly basis. The drills alerted staff to clearly define team roles. A unique badge process was implemented to distinguish who was performing chest compressions, airway management, defibrillation, team leader, medication administration, documentation, IV access/fluid management, and connecting with family. In addition, staff have received feedback on the effectiveness of chest compressions and rescue breaths using data from the high-fidelity mannequin. The importance of closed-loop communication has been stressed when viewing video recordings of the drills when debriefing.

Implications for Advancing the Practice of Perianesthesia Nursing: Perianesthesia nurses have advanced life support training and play a critical role when responding to a cardiopulmonary arrest event. Monthly mock code drills in a setting where cardiopulmonary arrest happen infrequently is paramount to providing efficient and effective care during a life-threatening event.