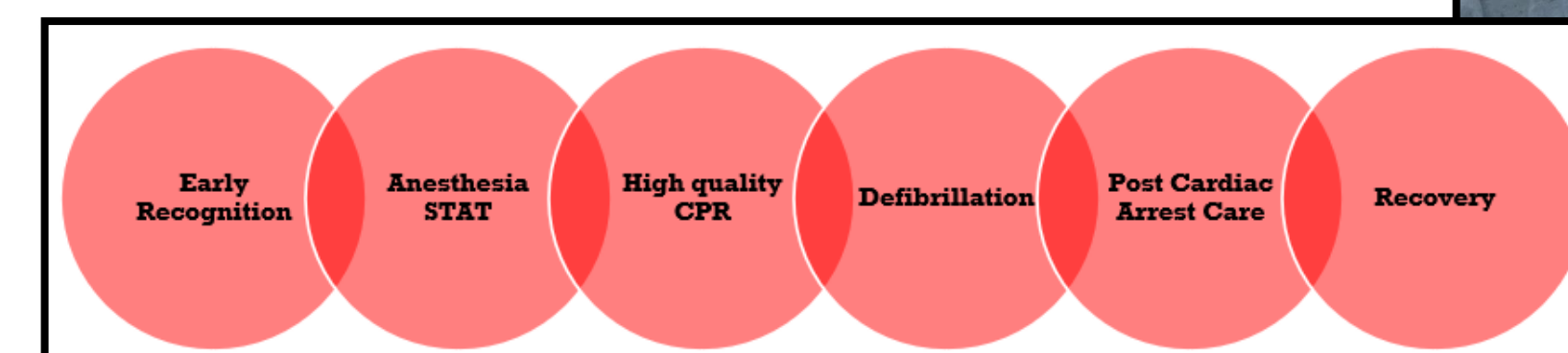


# Mock Code In the PACU

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## Background and Significance

- Anesthesia Stat calls in the perioperative setting posed uncontrolled chaos during emergency situations.
- Multiple levels/ too many staff responding to a code, but not always identified as who was taking charge, and knowing role identification of the responding team.
- Anesthesia attending physicians were not following ACLS Algorithms leading to lack of communication and disconnection among responding team during a code.



## Objectives

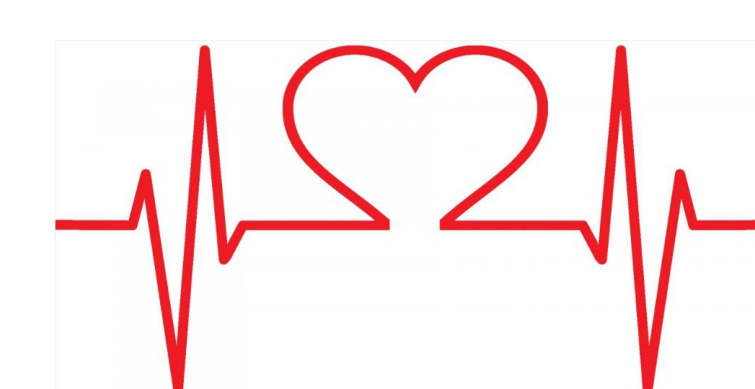
- Increase collaboration with Anesthesia providers and nursing staff to educate all levels certified in ACLS, to follow algorithms and understand roles of responding code team.
- Organize and control the chaos of STAT calls to increase confidence and optimize resources during emergent situations in the PACU.
- Minimize the crowd of responding providers eliminating unnecessary personnel in a tight space and reduce noise to promote closed loop team communication.



American Heart Association

### ACLS

ACLS is an advanced course that builds on the foundation of lifesaving BLS skills, emphasizing the importance of continuous, high-quality CPR, and high-performance team dynamics



## Implementation

- Utilized the department of Simulation Training Center and coordinated with lead anesthesia director.
- Scheduled biweekly practice codes leading to monthly and then quarterly Mock Code.
- Clinical simulation center representative observed, critiqued, and educated on areas of concern during Mock Codes.
- Followed AHA program with simulation equipment for onsite scenario training.
- Equipment used: SimMan Mannequin, crash cart scavenger hunt, reviewed Life Pac defibrillator equipment, implementation of assigned role stickers, pocket cards. Review of Epic Code narrator documentation and follow ACLS algorithm.



## Successful Practice

In one years' time:

UH PACU staff have become a more efficient team, anticipating emergent situations, and communicating early. Staff feel more prepared for knowing their role and having defined use of ACLS Algorithms, Stanford Emergency Manual, and unit policy/protocol.

A team is truly effective when its performance produces something that is greater than the sum of its parts. An ACLS team is not just a group of individuals performing individual roles in the same room. It is a group that:

- Anticipates each other's needs.
- Communicates continually.
- Recognizes each other's strengths and weaknesses and uses that information to complement each other for better performance.
- Performs constructive criticism, seeking to continually improve.

Whether an ACLS team consists of two people or ten, the basic roles and structure are fluid and adaptable. This model is called the ACLS resuscitation triangle. Maintaining the important ACLS team roles with a solid structure, clear communication is the powerful key to success that carries all possible ACLS scenarios and creates the best possible patient outcomes.

## Implications

Utilizing immersive patient simulation technology led us to develop controlled practice scenarios that support the UH PACU staff and anesthesia to become more confident and comfortable in real time, emergent situations. Mock Code simulation provides opportunity for multiple role practice as well as team cohesiveness and hands on with equipment that isn't used daily. Our staff have become more comfortable and confident during Anesthesia Stat scenarios by utilizing modernized simulation technology to prepare for emergencies in the pacu.



## References

ACLS. (2023-2024). American Heart Association. Retrieved January 1, 2023, from <https://cpr.heart.org/en/resuscitation-science/cpr-and-ecg-guidelines/algorithms>

Image source: <https://ebooks.heart.org/contentresolver/epub/50044708/OEBPS/Part3.html>

Stanford Anesthesia Cognitive Aid Program.\* Emergency Manual: Cognitive aids for perioperative crises, Version 4, 2021. See <http://emergencymanual.stanford.edu> for latest version. Creative Commons BY-NC-ND (<https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>). \*Goldhaber-Fiebert SN, Austin N, Sultan E, Burian BK, Burden A, Howard SK, Gaba DM, Harrison TK.

***“When we work together, we achieve together.”***

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