Crash Cart Card Project

Improving Rapid Access to Emergency Supplies at the Bedside

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Background

We noticed that during emergency situations, there was often confusion or difficulty locating critical items in the crash cart. Not being able to find items, often leaving the room to find them, translates to critical time wasted during an emergent event. We wanted to create a tool that would help in real time, and create a quick reference when time matters most. The purpose of this project is to show a new education resource available to bedside staff to help aid in increased confidence and efficiency in crash cart utilization during emergency events.

Implementation

We conducted a survey to bedside staff that included identifying where key items are located, what items they need first, and then their confidence in being able to find items on the crash cart. This would produce objective data on how accurately the staff were in locating items that we can use to compare post-intervention. There is currently a precedence for important quick reference hospital information being on a badge car, so we wanted to create something similar, but for crash carts. We referenced hospital resources and the American Heart Association website to create an easy-to-use and accurate badge card. We distributed the crash cart cards bedside staff on AM and PM shifts. We provided realtime education, then allowed the participants to use the cards for 2 weeks before re-surveying for post-intervention data.

References

1. Almulhis, R. S. H., & Al-Moteri, M. (2024). When Nurses in an Emergency Situation Look for a Medical Item But Fail to See It. Inquiry, 61.
2. American Heart Association. CPR & First Aid / Emergency Cardiovascular Care resources.
3. Maughan, N. M., Zoberi, J. E., Garcia-Ramirez, J. L., et al. (2024). Handling Patient Emergencies During Radiopharmaceutical Therapy. Practical Radiation Oncology, 14(5), 457–463.

CRASH CART QUICK REFERENCE

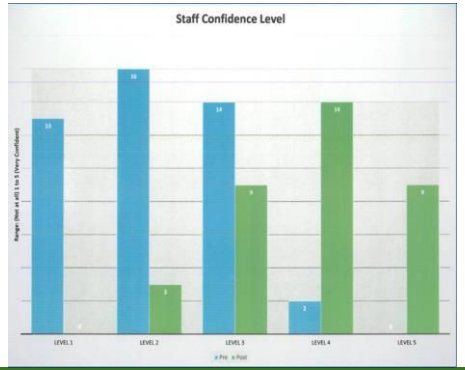
DRAWER 1 "Single"	**SINGLE SMALL ITEMS** blood tubes, pads, syringes
DRAWER 2 "Dos"	**DOSE OF MEDICATIONS** All the meds
DRAWER 3 "NG"	**NG/SUCTION** NG supplies, yankeur, suction tubing
DRAWER 4 "Restore"	**AIRWAY SUPPLIES** airway/intubation items, christmas tree, PEEP valve
DRAWER 5 "Keep Alive"	**IV + FLUIDS & TUBING** IV fluids, PIVs, tubing, flushes
DRAWER 6 "Big Six"	**BIG SUPPLIES-OPEN FIRST** Code Sheet, Ambu Bag, CVL kits, Wall Suction

CODE BLUE QUICK REFERENCE

GRAB FIRST→Back Board, AmbuBag, Code Sheet, Pads

STEPS	ROLES
1. Check for Pulse 2. Activate CODE BLUE 3. Start compressions and place back board →(30:2 with ambu, continuous with ETT) 4. Attach monitor pads **5. If shockable (VF, VT)=defibrillate** **6. If nonshockable (asystole, PEA)= continue CPR** 7. CPR x 2min, obtain IV/IO access, administer epi q3min, pulse check q2min, repeat until ROSC/called	• **Code Leader** (assign roles, closed-loop communication) • **Compressors** • **Airway Management** (ambubag, suction, intubation) • **Recorder** (keep time, call out pulse checks/med timing) • **Med Management** (push meds) • **Crash Cart Manager** (defibrillator, supplies)

CPR METRONOME
Turn On→Open Door→Use Speed Dial to Select



Results

Our post-survey results compared the percentage of correctly identified item locations, confidence in finding items, ad knowing what to grab first in a code blue situation. Our pre-intervention survey of 45 participants showed an average of 36% correctly identifying the location of 6 key items in the crash cart, one from each drawer. Our post survey showed a dramatic increase to 99% correctly identifying item locations. Further breakdown of each question is available for review. We saw similar dramatic increases in knowing what items to grab first. Our average confidence for using the crash cart pre-intervention was a 1.98 out of 5. Our post-intervention average confidence went up to a 3.83 out of 5. Notably, there were 13 1s and 0 5s out of 5 in the pre-survey. This improved to 0 1s and 9 5s in the post survey.

Conclusion

We discovered that the implementation of a quick reference card dramatically increases the ability to identify an item in the cart during an emergency situation, significantly increased the confidence to do so, and ramped up the ability to grab important things first in the code. We received great positive feedback from nurses, PCTs, RTs, and providers. The goal of this project was to create a tool that is useful and make it more available.

Next steps involve rolling it out to another unit to do another cycle before making it available to all units through the UAB print shop. While the ultimate goal would be to not rely on a card in those situations, quick reference knowledge is critical and helpful across disciplines in order to increase the quality and efficiency of care provided during these events when time matters most.