

THE TRUTH ABOUT

CODE STATUS & CPR

"Code Blue" is a historical medical term used when a patient's heart has stopped beating. Rather than announce, "Someone is dying!" over the hospital speakers, staff uses the term "Code Blue" to call for help without alarming other patients and families.

CODE STATUS

The term "code status" describes what type of intervention (if any) a healthcare team will perform in a medical emergency should a patient's heart unexpectedly stop beating or lungs stop moving air.

Patients who have cardiac arrest (the heart stops) are considered a "full code" unless they provide verbal or written instruction indicating they do not want these interventions performed. When patients are admitted to the hospital they are asked about their "code status."

There are two options for code status:

1. Full code:

If your heart stops, everything will be done to try to revive you, including:

- CPR, pushing hard on your chest to try to circulate your blood
- Shocking your heart to try to re-start it
- Medication
- Inserting a tube in your throat, so that a machine can breathe for you (intubation)

2. No code:

Do Not Resuscitate (DNR) means that if your heart stops, the medical team will not try to revive you. You will be kept comfortable and allowed to die

CPR

Cardiopulmonary Resuscitation (CPR) is different from every other healthcare treatment offered. CPR tries to undo the first stage of death when your heart stops beating. Patients who undergo CPR often have broken ribs, internal injuries and brain damage.



Resuscitation Outcomes:

On average, for patients whose hearts stop beating in the hospital (cardiac arrest):



Make decisions that are right for YOU

We understand these are hard decisions. Talk to your doctor about your risks and health status to determine the right decision for you.

Completing a **Nebraska Emergency Treatment Order** form with your doctor will help both you and your family in case of a medical emergency.

