Auditor: ______________________ Unit/ Dept Audited: __________________ Date:__________________

Patient Safety Defibrillator Checklist

Overview: This checklist serves as a guide to routinely monitor defibrillator device condition and observe/audit live code blue workflows to identify practice improvement opportunities. Observation/Audit of a live code blue should not be completed by an individual actively participating in the code blue response.

Observation Item	Yes	No	Comments
Device Condition			
Defibrillator, cart, cables, and cords appear to be in good working condition (i.e., no visible cracks or defects).			
Defibrillator preventive maintenance is up to date.			
All appropriate cables are attached to the defibrillator (e.g., defib pads, SpO2 cable, etc.) and not outside of their expiration date.			
Code Blue Observations			
Pads are completely adhered to skin. • Body hair, medication patches, or fabrics have been removed from the skin prior to placement of the adhesive defibrillator pads. Clippers are recommended to remove hair. ○ If necessary, utilize spare pads to adhere and rip off in order to remove excess hair. • Pads are not placed over bony prominences or implanted medical device sites			
Supplemental oxygen supplies (e.g., NRB mask, hi-flow nasal cannula, bag-valve masks, etc.) are removed or positioned away from the patient prior to defibrillation			
"All Clear" is clearly vocalized • All team members have removed contact from the patient and bed prior to defibrillation. • Double Check: ○ No O2 source remains positioned on the patient ○ Pads are completely adhered to the skin			
Code Blue debrief conducted with the resuscitation team following termination of resuscitation efforts. • Review missteps and opportunities to improve. • Encourage and praise good performances.			

Fire Safety Reminders

Risk Factors

- Surgical site/**incision above the xiphoid** process
- Presence of **open oxygen source** (e.g., patient receiving supplemental oxygen via face mask, nasal cannula, bag-valve mask, etc.)
- Presence of **available ignition source** (e.g., defibrillator pads, electrosurgery unit, laser, fiberoptic light source, etc.)

All code blue events are high risk for fire due to anterior defibrillator pad placement above the xiphoid process.

Fire Risk Mitigation Action Items

- Ensure gel-adhesive defibrillator pads are **fully adhered** to patient skin
- **Remove body hair, medication patches, or fabrics from the skin** prior to placement of gel-adhesive defibrillator pads
- **Fully remove all supplemental oxygen delivery devices** (e.g., NRB mask, hi-flow nasal cannula, bag-valve masks, etc.) from the patient prior to defibrillation
- **Clearly vocalize "All Clear"** and **perform visual scan of Code Blue scene** to ensure all team members have removed contact from the patient and bed prior to defibrillation
- **If a fire occurs[1,2]:**
  - Alert team members to the presence of a fire
  - Stop the flow of breathing gasses to the patient
    - If fire is in the airway, subsequently remove the ETT and pour saline into airway (should be performed by provider or RT)
  - Remove burning or flammable material from the patient
  - Extinguish the fire by smothering or using water or saline
    - If fire not extinguished, use CO_2 fire extinguisher (safe for use on patient)
  - Assess for secondary fires
  - Assess the patient for injuries

Utilization of Patient Safety Defibrillator Checklist

- Facility Patient Safety or Clinical Leaders should **utilize this checklist** to observe device condition on normal rounds (in alignment with the Code Cart Checklist Example) as well as during active Code Blue events, if present.
- Audit results and trends of aggregated Defibrillator checklists should be shared with the Code Blue Committee or Patient Safety Council/Committee.

[1]ECRI Institute. (2009). New clinical guide to surgical fire prevention. Patients can catch fire- here's how to keep them safer. *Health Devices, 38*(10), 314-332.

[2]Apfelbaum, J.L., Caplan, R.A., Barker, S.J., Connis, R.T., Cowles, C., Ehrenwerth, J., Nickinovich, D.G., Pritchard, D., Roberson, D.W., de Richemond, A.L., Wolf, G.L., American Society of Anesthesiologists Task Force on Operating Room Fires. *Anesthesiology, 118*(2), 271-290. https://doi.org/10.1097/ALN.0b013e31827773d2