The Code Cart and Your Role in a Code

First minute of an ICU arrest, team roles, closed-loop talk, what is in the cart, first-line ACLS doses and the debrief

WHAT YOU WILL DO

In the ICU the bedside nurse is usually first to see an arrest. Your first minute is the same every time: call, compress, pads on, shock if shockable. When the team arrives you take a role and give the leader what only you know: what happened, what is running, and the code status.

- Know where the cart, defibrillator and backboard live, and how to call a code from the room.
- Know how to put your bed in CPR mode.
- Do the cart and defibrillator check when it is your assignment.

THE FIRST MINUTE

1. Unresponsive, not breathing normally, no definite pulse within 10 s: call for help and activate the code.
2. Start compressions: bed flat in CPR mode, backboard per policy, 100–120/min, 2–2.4 in (5–6 cm), full recoil.
3. Pads on, defibrillator on. VF or pulseless VT: shock as soon as it is ready, then resume compressions at once.
4. Breaths: bag-mask with 100% oxygen, 30:2. Advanced airway in place: 1 breath every 6 s with continuous compressions.
5. Hand off cleanly: event, rhythm, last vitals and labs, drips, lines, code status.

TEAM ROLES

Some teams add a CPR coach who watches compression feedback and $ETCO_2$.

ROLE	JOB
Leader	Assigns roles, runs the algorithm, looks for the cause, summarizes aloud
Compressors (2 or more)	Swap every 2 min or sooner; switch during the rhythm check
Airway	Bag-mask, then advanced airway; waveform capnography
Defibrillator	Pads, rhythm checks, charges during compressions, clears and shocks
Medications	Draws up, gives and flushes drugs; calls out each dose given
IV/IO access	Confirms a working line or places IV, then IO if IV fails
Recorder	Times, rhythms, shocks, drugs; prompts the 2-minute and epinephrine timers
Runner	Labs, blood, equipment, extra hands
Family support	Stays with family, explains, offers presence per policy

EXAM TIP Closed loop: "Epinephrine 1 mg IV." "Epinephrine 1 mg IV, drawing up." "Epinephrine 1 mg in." Use names, say it back, report done. If you see a problem, say it out loud.

WHAT IS IN THE CODE CART

Layout varies by facility. Learn your cart before you need it.

WHERE	USUALLY HOLDS
Top	Defibrillator/monitor, pads, check log, backboard
Medication drawer	Prefilled epinephrine, amiodarone, lidocaine, adenosine, atropine, calcium, bicarbonate, dextrose, flushes
Airway	Oral and nasal airways, laryngoscope, endotracheal tubes, stylet, CO_2 detector, supraglottic airway
Breathing	Bag-valve-mask, masks, oxygen tubing, suction catheters
Circulation	IV catheters, IO kit, tubing, fluids, blood tubes

Cart checks follow a schedule set by policy: seal intact and number matches the log, defibrillator test passed, oxygen tank full, nothing expired. After a code the cart is restocked and resealed before it goes back into service.

FIRST-LINE ADULT DRUGS AND SHOCKS

2025 AHA adult ACLS; same doses as the ACLS Algorithms page. Follow your protocols.

THERAPY	WHEN	ADULT DOSE
Shock	VF or pulseless VT	Biphasic: device dose (often 120–200 J) or maximum; monophasic 360 J
Epinephrine	PEA/asystole as soon as possible; VF/pVT after initial shocks fail	1 mg IV/IO every 3–5 min
Amiodarone	Shock-refractory VF/pVT	300 mg, then 150 mg
Lidocaine (or)	Shock-refractory VF/pVT	1–1.5 mg/kg, then 0.5–0.75 mg/kg
Adenosine	Stable regular narrow-complex tachycardia	6 mg rapid push with flush, then 12 mg
Atropine	Symptomatic bradycardia	1 mg every 3–5 min, to 3 mg

LOOK FOR THE CAUSE

- Hs: hypovolemia (bleeding), hypoxia, hydrogen ion, hypo- or hyperkalemia, hypothermia.
- Ts: tension pneumothorax, tamponade, toxins, pulmonary and coronary thrombosis.
- ICU extras: tube displaced or blocked, ventilator problem (disconnect and bag), new line or procedure, a pump or drug error, recent potassium or sedative bolus.

AFTER ROSC AND THE DEBRIEF

Confirm a pulse and blood pressure, keep capnography on, get a 12-lead and full vitals; the Post-Cardiac Arrest Care page has the targets. Then debrief: a short one right after (hot) and a data review later (cold).

CALL FOR HELP WHEN

- You are unsure about a pulse: start CPR and call.
- Early warning signs before an arrest: new confusion, falling blood pressure, rising oxygen need, a new rhythm. Call the rapid response or provider early.
- The cart is missing items, unsealed or the defibrillator fails its check: tell the charge nurse now.

SAFETY Check your unit's policy for: bed CPR mode and backboard use, ventilator vs bag during CPR, who brings and records, family presence, cart check frequency and restocking, and the separate arrest protocol after cardiac surgery.

Sources (7) are listed with links at icubasics.com/sheets/code-cart-roles.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.