



# Code Clear

The standard for structured code status discussions



 **Code Clear** The standard for structured code status discussions



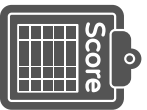
## Introduction

### 1 Workshop/ E-Learning

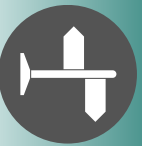


## Preparation

### 2 Calculate individual prognosis



- Age
- Neurology
- Laboratory
- Tumor
- diagnoses
- ...



### 3 Communication strategies

 **In case of  
average survival  
probability**

**CLEAR Checklist**  
Clinician-Patient Engagement  
Learn and Inform  
Explore Patient Preferences  
Assess and Document  
Review Advance Directives

**OR**

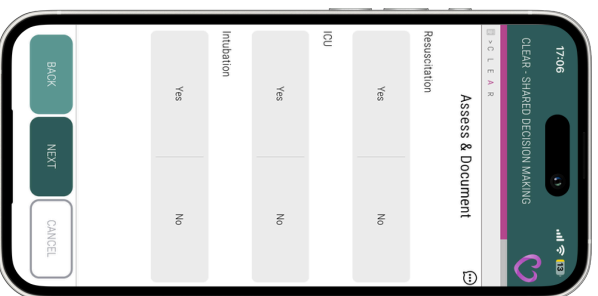
 **In case of very low  
probability of  
survival**

**GUIDE Checklist**  
Give routine information  
Underline situation  
Interest in patients' thoughts  
Document decision  
Explore advance directives



## Structured and patient-centered code status discussion

### 4 Discuss and determine code status



### 5 Create PDF and document in medical record



## Summary

**Code status** discussions are a communicative challenge in clinical practice. The **Code Clear Standard** was developed to support physicians in conducting structured and patient-centered code status conversations.

An interactive checklist enables comprehensive **patient education and involvement** in decisions regarding resuscitation. Visual decision aids facilitate communication and support informed decision-making. A practical app is available for implementation.

## Evidence

- **Cardiac arrest** is among the leading causes of death. On average, only **about 20%** of in-hospital cardiac arrest, and 10% of out-of-hospital cases survive. Of those who survive, approximately half suffer neurological impairments, often resulting in a loss of independence and the need for long-term care.<sup>1</sup>
- The general public overestimates survival rates following cardiac arrest, which influences decisions for or against resuscitation.<sup>2</sup>
- Guidelines from the **Swiss Academy of Medical Sciences (SAMW)** recommend that code status should be discussed with all patients during hospitalization.<sup>3</sup> However, these conversations are often inadequately conducted or entirely absent in clinical practice.<sup>4</sup>
- A nationwide Swiss study showed structured, checklist-based discussions significantly improved quality-of-care metrics: better patient education, less decisional uncertainty, and greater patient involvement.<sup>5</sup>

## Digital Implementation – Pocket-sized and Evidence-based

The **Code Clear App** implements the latest evidence on structured code status discussions. It includes:

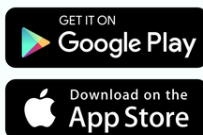
- An **individualized prognosis calculator**
- Tailored communication strategies
- Documentation in PDF format

## Target audience

- **Currently:** Physicians on internal medicine wards
- In **preparation:** Adaptations for emergency, ICU, perioperative, and outpatient settings

## Contact

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App Store



Homepage



Evidence



## Use-case



### Workshop / E-Learning

The App includes an **e-learning module** with explanatory videos and sample conversations for training.



### Prognosis calculator

The Code Clear App includes a **prognosis calculator** based on the validated **GO-FAR score**<sup>6</sup>, estimating the likelihood of survival following in-hospital resuscitation. The result is presented visually using **decision aids** to support discussions.



### Communication strategies

According to the **Code Clear Standard**:

- In cases of **average or good prognosis**, a **shared decision-making strategy** is used.
- In cases of **very low survival probability**, patients are informed that resuscitation is considered medically futile, and a do-not-resuscitate recommendation is made.



### Conversation guide

An **interactive checklist** serves as a conversation guide, helping physicians conduct code status discussions in a structured way. It includes phrasing suggestions and allows users to check off relevant points.



### Documentation

At the end of the discussion, resuscitation, ICU, and intubation preferences can be documented as a PDF report and saved in the clinical information system, ensuring clear and traceable documentation of the code status.

To do this, the information is securely transmitted in encrypted form to the designated administrative office.

The following details are used solely for clear identification and assignment of the PDF report.

No patient data is stored locally on your device.

## Literatur

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