

Code Blue Monitor

Patient monitor simulator for emergency response training

An iPad becomes the patient monitor. An iPhone becomes the instructor's remote. From training where the instructor says "the blood pressure is 80" to training where learners notice the change on the monitor themselves. No expensive equipment, no complicated set-up.

35 rhythms

ECG rhythms, with defibrillation, synchronised cardioversion and transcutaneous pacing

43 cases

Patient charts in the style of an EHR, filtered by unit, each with an instructor debriefing guide

1 minute

Set-up time. No Wi-Fi router or internet: the two devices connect directly



For simulation educators, nursing faculty and in-house training leads · iPad / iPhone (iPadOS / iOS 15 or later) · Free version available · Interface in English, Japanese and Spanish

From being told to noticing.

In low-fidelity simulation the instructor narrates the patient’s state. In clinical practice, nobody tells you the patient is deteriorating.



In that structure the learner skips the “noticing” step and starts at “responding”. Where people stumble on the ward is usually one step earlier. With Code Blue Monitor the instructor changes the state on the iPhone, and the monitor in front of the learners actually changes — so they practise in the same order as real care.

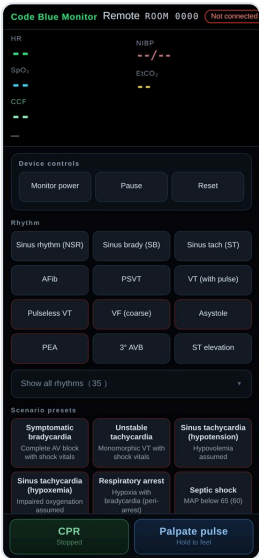
See
Look at the monitor and read the display

Notice
Sense that something is different

Assess
Go to the patient and check other information

Decide
Work out what is happening and what is needed

Act
Call for help, report, start treatment



Instructor: the iPhone remote — rhythms, vitals and scenario presets in your hand

Where it fits

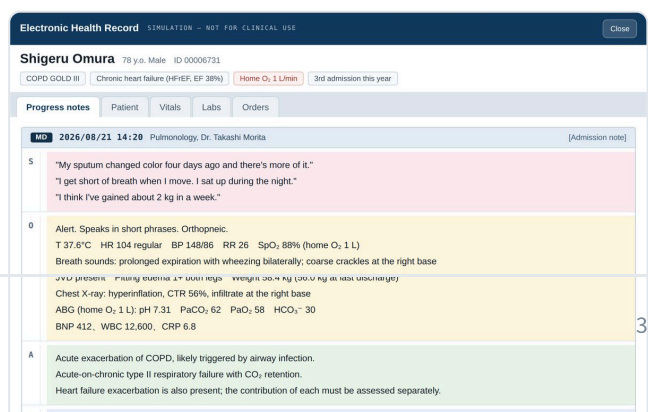
It is not a replacement for a high-fidelity simulator. It fills the gap between “not worth setting up the big equipment” and “narration alone is not enough”.

	Narrated	Code Blue Monitor	High-fidelity simulator
Cost	Almost none	In-app purchase	Tens of thousands
Set-up	None	Open the apps	Transport and cabling
Information from the monitor	Instructor tells	Learner reads	Learner reads
Compression metrics	No	No	Yes
Everyday use	Any time	Ward or classroom	Booking required

General tendencies; individual products and set-ups differ.

What each feature lets you simulate.

35 ECG rhythms	Sinus rhythm to VF, pulseless VT and asystole, every AV block, ST elevation. Heart rate is measured from the R–R interval. → Checking the waveform and the patient instead of trusting the number
Vitals	Heart rate, BP, SpO ₂ , respiratory rate and temperature change continuously with sliders on the remote, from gradual deterioration to arrest. → Rapid response criteria, early warning signs
Hide values / sensor-based display	Each value can be hidden. Nothing shows until a sensor is attached: SpO ₂ after the probe, BP after a measurement. → Initial assessment: deciding what to measure
Defibrillation and pacing	The dial is laid out like a real defibrillator (off, monitor, AED, internal discharge, energy, pacing). Synchronised cardioversion waits for an R wave. Pacing from 0 mA until capture is confirmed. → Procedure fluency, electrical capture, SYNC
AED mode (voice prompts)	Turn the dial to AED: pads, analysing, shock advised, press the button, start CPR, re-analysis every two minutes. English, Japanese and Spanish. → BLS, first response by ward staff
Breath sounds, heart sounds, pupils	Six breath sounds, six heart sounds timed to the ECG, six pupil findings with a penlight light reflex. → Physical assessment practice
Patient chart — 43 cases	Physician and nursing notes, labs, imaging and orders in the style of a real EHR. Filter by the learners' unit and load a case to set the monitor to the moment things start to go wrong. Each case includes an instructor debriefing guide (pathophysiology, expected actions, SBAR example, discussion questions). → Information gathering to debrief in one flow
Investigations	12-lead ECG (selectable infarct location, automated-style interpretation), 47 blood gas cases with follow-up, 5 chest X-rays, 3 echo clips.
Also	Arterial line and EtCO ₂ capnogram, 23 scenario presets, paediatric patients (adult to neonate), unit switching, event log export, debriefing record shareable as PDF.



How it runs in next month's session.

All four run on one iPad, one iPhone and a BLS manikin (or a standardised patient). Advanced life support can be practised end to end without a high-fidelity simulator.

A. New graduate nurses — 30 min “Read the chart, enter the room, report”

- ① Learners read the chart on the iPad for 5 minutes (e.g. post-op day 1, COPD) and decide what to assess
- ② They enter the room. The monitor shows SpO₂ 90%, respiratory rate 28. They notice and start assessing
- ③ Coarse crackles on auscultation. Positioning and oxygen
- ④ The instructor recovers SpO₂ from the iPhone — or doesn't, depending on the response
- ⑤ SBAR report to the physician role
- ⑥ Open the chart's Debrief tab: pathophysiology, expected actions, pitfalls (10 min)

Features used: chart case (post-operative respiratory failure), sensor-based display, breath sounds, vital sliders, debriefing guide · Full version

B. BLS refresher — 20 min “Unresponsive → AED → ROSC” (free version)

- ① Put the iPad next to the manikin; the instructor sets VF from the iPhone
- ② Learners check response and breathing, call for help, start CPR
- ③ Turn the dial to AED and follow the voice prompts: pads, analysis, shock
- ④ During the 2-minute CPR cycle the instructor restores sinus rhythm
- ⑤ Re-analysis: “no shock advised”. Pulse and responsiveness check
- ⑥ Debrief from the event log: time to CPR, time to first shock (5 min)

Features used: VF, voice-guided AED, waveform changes during CPR, event log · All in the free version

This far without a high-fidelity simulator.

C. Advanced life support (ACLS / ALS) — 40 min “With a BLS manikin: from defibrillation to drugs and post-ROSC care”

- ① Monitor attached. Learners read the rhythm (VF)
- ② CPR and a 150 J shock. Rhythm check every 2 minutes
- ③ Adrenaline after the third shock, then amiodarone (drug times recorded in the event log)
- ④ The instructor changes VF to pulseless VT and then PEA and asks for the differential (Hs and Ts)
- ⑤ ROSC: sinus tachycardia, BP 88/52, SpO₂ 92%. Open the 12-lead and read the inferior infarct
- ⑥ Post-ROSC care (oxygen, blood pressure, temperature) reported with SBAR. Debrief on timing from the event log (10 min)

Features used: VF, pulseless VT, PEA, unlimited shocks, synchronised cardioversion, 12-lead ECG, event log · Full version. A BLS manikin is enough

D. Physical assessment — 30 min “Reason from auscultation, pupils and vitals”

- ① Learners are told only “the patient is short of breath”. Monitor values are hidden
- ② They attach the SpO₂ probe: 91%. Measure the BP: 150/95. Learners decide what to measure
- ③ Wheeze (or coarse crackles) on auscultation; an S3 on the heart sounds
- ④ Pupils normal, fully alert
- ⑤ The group debates heart failure versus asthma and opens the blood gas and chest X-ray to check
- ⑥ The instructor reveals the values. The case’s debriefing guide ties the pathophysiology together (10 min)

Features used: hidden values, sensor-based display, breath and heart sounds, pupils, blood gas, imaging, chart case · Full version. A standardised patient (a learner) works instead of a manikin

Where it is used

In-house emergency response training (on the ward, including short night-shift sessions) · New graduate programmes (reading, reporting, calling for help) · Rapid response education · BLS, ACLS, ALS and ILS courses (rhythm check, defibrillation, cardioversion) · Nursing schools and universities (several iPads, one per student group) · OSCEs (hidden values)

Try it free first. Buy when you are convinced.

Individuals — Code Blue Monitor (free app)

\$0 free download

Four rhythms (sinus, VF, pulseless VT, asystole), defibrillation (2 shocks per scenario), voice-guided AED (no limit), iPhone remote, vital control. Ward study sessions and BLS refreshers run within the free version.

\$179 one-time in-app purchase

From 20 October 2026 the price rises to \$269.

Buy by 19 October and you keep the app, with free updates, at the current price.

Monthly plan (auto-renewing): for teams that run simulation only a few times a year — the same full feature set, month by month. No charges after cancelling.

US prices shown; the App Store displays your local price.

Institutions — Code Blue Monitor Pro

\$179 per iPad · paid app

From 20 October 2026: \$269 per iPad.

Educational institutions get 50% off on 20 or more copies.

A separate app with every feature unlocked from the start. Available through Apple Business Manager and Apple School Manager volume purchasing, so it can be deployed to managed iPads. The free app's in-app purchase cannot be bought in volume, so choose Pro for institutional devices.

Licensing

One licence covers **one iPad**. There is no limit on how many instructors or learners operate it, and one device can be shared across a team.

Quotes and invoicing

For a quote, invoice payment or help with deployment, contact us with the number of devices and your timeline.

Buying through Apple Business Manager / School Manager

- 1** Sign in to ABM or ASM with the institution's account and search for "Code Blue Monitor Pro" under Apps and Books
- 2** Enter the quantity and buy (the education discount applies automatically at 20 or more). Pay by card or VPP credit
- 3** Assign licences to devices with your MDM (Jamf, Intune, Apple Configurator). No Apple ID sign-in needed on the iPads
- 4** When a device is replaced, revoke the licence and reassign it to the new one

Prices may vary with exchange rates and Apple's price tiers.

Requirements

Devices	iPad / iPhone (iPadOS / iOS 15 or later)
Recommended set-up	iPad as the monitor in front of the learners, iPhone as the instructor's remote. All features work on a single device
Connectivity	Direct device-to-device connection. No Wi-Fi router or internet (keep Wi-Fi and Bluetooth on and allow the app to use the local network). No hospital network access or IT configuration required
External display	HDMI adapter or AirPlay for larger groups
Languages	English, Japanese and Spanish (switch on the home screen; AED voice prompts follow the language)
Licence	One-time purchase or monthly plan (auto-renewing); the Pro edition is a paid app for institutions. Free updates for all
User guide	https://codeblue.co.jp/monitor/en/manual/

This app is a simulator for education and training only. It is not a medical device and must not be used for patient monitoring, diagnosis or treatment decisions. All waveforms and values are simulated data generated for training.

About us

Company	Code Blue Co., Ltd. (Chiba, Japan)
What we do	Provider of NCLS® (Nursing Cardiac Life Support), a one-day emergency response course for nurses, AHA ACLS courses, emergency response seminars and simulation teaching materials
Origin	Built by the instructors who needed it for NCLS course simulations. More than 1,500 nurses have completed NCLS (as of 1 September 2026; course attendance, not app installations). Supervised by the company's founder, a nurse practitioner and former certified emergency nurse. Features were added and removed through use in real courses
Web	https://codeblue.co.jp/monitor/en/ (Japanese: https://codeblue.co.jp/monitor/)
Contact	https://codeblue.co.jp/inquiry/ (quotes, invoicing, deployment)

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