CODE BLUE Recommendations for PUI or COVID19+ Patients

- **Appropriate PPE is essential even in Code Blue settings. An observer must ensure appropriate donning as staff enters the room. The first staff member donned in appropriate PPE (see below) should relieve anyone already in the room that is not wearing appropriate PPE.**
- **Peri-Arrest/Pre-Arrest Period:** Conversation with attending regarding appropriateness of ACLS. Create plan for staffing/identify roles. Bring TeleICU Cart to the outside of the room and log-in/start session so that it can be utilized as a means of communication in and out of room
- Leave Code Cart outside room and take in only the defibrillator with pads.

INTUBATED Patient – **Leave on vent until all equipment available for safe disconnection**
- **PPE:** yellow gown, surgical mask, face shield, gloves

Location	Person	Task(s)
INSIDE Room	Bedside RN	Meds / IO placement if access required / Controls defib
	MD	Running ACLS protocol / IO placement if access required
	RT	To disconnect from vent: Clamp ETT using hemostat around 4x4 gauze, turn vent off, attach BVM with viral filter between ETT and BVM, unclamp ETT and bag normally. Cover tubing/face with towel or Chux to minimize spraying if there is inadvertent disconnection.
	2 people	CPR alternation
	TeleICU Cart	Positioned so that MD and Documenter outside the room can see/communicate
OUTSIDE Room	Pharmacist	Draws up drugs and hands them into the room or preferably, places on a table just inside the room
	Charge RN	Documentation, communicate timing for drugs, defib etc. using TeleICU cart
	Runner	Get tubing, flushes, equipment etc
	Back up MD	Support for code leader MD via TeleICU cart (look up labs/images)
	Observer	Sole job is to ensure appropriate donning and doffing for all people entering the room. Should ask those already in the room with inappropriate PPE or contamination to doff. Must ensure cleaning occurs for everything portable that leaves the room (e.g. CMAC)
	Additional 2 people	Ready to don PPE and substitute for those doing CPR. Once in PPE, people should remain in the room but away from bed if not actively participating in care.

NOT-INTUBATED Patient
- **Enhanced PPE for Aerosolizing Procedures:** impermeable gown (blue), N95, bouffant cap, face shield, double gloves

Location	Person	Task(s)
INSIDE Room	Bedside RN	Meds / IO placement if access required / Controls defib
	MD	Running ACLS protocol / IO placement if access required
	MD	Airway management – LMA or OPA/NPA and BVM with 2 handed bagging, each with viral filter in place. Use rate of compression to respirations rate of 30:2 until LMA placed then 10 breaths/minute. **Don't intubate until ROSC achieved.** May also alternate with CPR once LMA placed
	RT	Airway with MD as needed. May also alternate with CPR
	2 people	CPR alternation
	TeleICU Cart	Positioned so that MD and Documenter outside the room can see/communicate
OUTSIDE Room		Same as for Intubated patient

CODE BLUE Recommendations for PUI or COVID19+ Patients

Common Situations/Questions:

1) What is the general sequence of events in a Code Blue for Covid+ or PUI patients
   a. Staff on the floor – bring Code cart and appropriate PPE to the room. Observe the first person to don appropriately so that they can enter the room and ask the staff member who is not in appropriate PPE to doff and leave.
   b. The second person to enter room will bring in the Defibrillator and attach pads. The code cart will remain outside the room.
   c. MD and RT will enter the room, bringing airway bag with them. If meds are ready, these should be brought in as staff enters the room.
   d. The additional CPR assistants will enter room and ensure TeleICU cart is appropriately placed.
   e. An RN, MD or other documenter outside the room will assist with documentation via TeleICU cart when available.
   f. Pharmacist prepares and hands in medications/flushes. If a table is available, these can be placed on a table that is rolled inside the room to sit near the doorway.
   g. The observer will monitor from outside for contamination and ask people to leave if they are contaminated or noted to be in inappropriate PPE.
   h. The observer and other staff will ensure all equipment leaving the room has been appropriately cleaned with purple wipes.
   i. Air scrubber can be placed in the room as soon as it is available, if it is not a negative pressure room

2) Do I need to wear all of the PPE before entering the room?
   a. YES. All PPE must be appropriately worn before entering the room.

3) A staff member is in the room of a PUI or Covid+ patient on the floors in standard PPE when patient is noted to be pulseless. The staff member may start BLS until assistance arrives. What next?
   a. As soon as a second person is available and donned appropriately, they should relieve the person doing compressions and ask them to doff and leave.

4) Confirming ETT placement:
   a. End tidal CO2 detector
   b. If you must use the stethoscope, do so over top of the bouffant cap to decrease contamination risk

5) Residents will not be involved in Code Blues on PUI or Covid+ patients.

6) Minimize the number of people entering the room and whenever possible, keep the door closed. Place the air scrubber into the room once available, if not already a negative pressure room

7) We are encouraging early evaluation and transfer to ICU for decompensating patients to minimize floor MET calls for intubation and codes on floor PUIs and Covid patients.