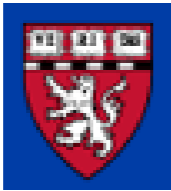


COVID-19 CODE BLUE



COVID-related CODE BLUE changes apply to ALL COVID+ / PUI

- Every COVID+ / PUI should get **2+ PIVs** on admission, maintained at all times
- Every COVID+ unit should identify a **designated code communication device** (e.g. Vocera, iPad, iPhone, or white board) to facilitate communication between team members inside and outside the room

ALWAYS ON TOP OF CODE CART:

- Non-rebreather (NRB)
- Clear plastic drape



**ALWAYS PUT ON APPROPRIATE PPE BEFORE ENTERING A PATIENT'S ROOM
MINIMIZE NUMBER OF PERSONNEL IN ROOM AT ALL TIMES**



FIRST RESPONSE

CODE TEAM

INSIDE PATIENT'S ROOM



1st RESPONDER (e.g. Bedside RN)

- Call for help → **Activate Code Blue**
- Initiate **chest compression-only** CPR

2nd RESPONDER (e.g. NIC, Additional RN)

- **Bring into room:**
 - Zoll
 - Clear plastic drape
 - Communication device if not in room
 - Backboard
 - NRB

First responders should then:

- Stop compressions to attach Zoll pads
- **Check rhythm** (AED mode) → shock if VT/VF
- With **O₂ flow OFF**, place **NRB** on patient (**no BMV**)
- **Place clear drape over patient's head/upper body**
- After drape is on, turn **O₂ flow ON** to NRB
- **Resume compressions**, analyze w/ AED as directed



CODE LEADER

- **Continue ACLS w/ COVID-specific** algorithm
- **Communicate w/ MD outside** (e.g. Phys or Primary team) **using pre-designated device**

CODE RN

- **Bring in 1st round of code meds**
 - epi x2
 - amio x1
 - calcium x1
 - bicarb x1
- **Bring lab draw supplies**
- **Manages defibrillation and med administration, communicates w/ scribe/RN at code cart**

ANESTHESIOLOGIST*

- **Follow safe COVID+ intubation protocol**
- Do **NOT** intubate unless vent ready or ambu bag w/ HEPA filter available
- Once airway secured, **help w/ compressions, IV access PRN**

Brings own **FULL PPE including hood, N95/PAPR, boots, and impermeable surgical gown*

RT*

- **Bring HEPA filter**
- **Secure airway**
- **Connect to vent**
- Once airway secured, **help w/ compressions PRN**

If non-shockable rhythm, airway placement occurs ASAP

Passive Oxygenation

Rocuronium 1.2mg/kg

"Ready to intubate. **STOP CPR.** Everyone move to the foot of the bed."

O₂ OFF
Intubate

"Tube is in, Cuff is up, Ambu/vent connected. **RESUME CPR.**"

- **Communication between Code Leader (in room) and team outside room via pre-designated device** (e.g. Vocera, iPad, iPhone, or white board)
- **Set of code meds placed in passthrough box and continuously replaced**
- **DOOR TO PATIENT ROOM MUST REMAIN CLOSED AT ALL TIMES**

STAYS OUTSIDE

3rd RESPONDER (e.g. Primary team MD or PA)

- Advise on ACLS / management from outside
- Provide patient history
- Assist code team as needed



SENIOR RESIDENT (PHYS)

- Support and communicate w/ Code Leader
- Coordinate ICU bed if needed

COVID NURSE ADMINISTRATOR

- Gatekeeper at door assuring minimum staff enter
- Allocate nursing resources
- Provide PPE for extra personnel to enter room PRN

MED/SURG INTERNS

- Enter room for CPR only if needed
- Call consults or other tasks as needed

SURGERY RESIDENT

- Enter only if IO, surgical airway, or emergent surgical procedure (e.g. chest tube) needed

SCRIBE/RN

- Starts Code Narrator ASAP to alert primary team
- Documents events and interventions
- Assist with code cart if pharmacy unavailable

TRANSPORT

- Replace equipment and code cart as requested
- Replace PPE
- PHARMACIST**
 - Assist w/ Code Cart and other meds
 - Obtain meds from Omnicell/pharmacy PRN
 - Use passthrough to pass meds, if able

OBSERVER

- Ensure proper donning/doffing by team in room
- SECURITY**
 - Crowd management
 - Facilitate safe transfer to ICU per protocol