

## CODE BLUE response for PUI/COVID-19 Positive Patients – Recommendations

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### Responders who enter room (5):

Code leader (ICU attending/fellow or resident)

Anesthesia (Attending/CRNA)

Respiratory therapy – bring \*Glide/intubation kit and RT Code Brown Bag & iSTAT

ICU charge nurse – bring 2-way radios from ICU

Bedside nurse

\*Glide/intubation kit has all items for intubation by Anesthesia

\*RT Code Brown Bag has ETCO2 sampling connector for defibrillator, ABG kits, G-8 cartridges for iSTAT

### CODE BLUE team members who **should not** be in the room:

Pharmacy, Nursing Supervisor, Surgery- unless specifically indicated

Nursing supervisor/floor charge nurse to monitor PPE donning/doffing

Second RT to provide additional respiratory supplies, **run iSTAT for results**

### Departures from routine Code Blue responses:

-No soft bags in patient room

-**Use the LUCAS3 IF there are at least two LUCAS-trained responders in room**

-Pharmacy – do not enter patient room; if drugs requested that are not in medication tray, be prepared to obtain (eg tPA, NM blockers/sedatives if patient not in true arrest but needs intubation)

-During CODE HUDDLE:

Nursing Supervisor will report the room numbers of PUI/COVID+ patients so providers are aware

**Huddle participants will also specifically state their roles in a PUI/COVID+ code**

### Environment:

PPE carts available on each floor; charge nurse where code is called will place PPE cart in front of room for code team

**Crash Cart will remain outside of the patient's room**

### Process:

\*CODE BLUE is called->

\*Designated CODE BLUE responders arrive and don PPE outside all rooms->

\*First responder to patient checks a pulse and starts chest compressions if indicated (this will usually be bedside nurse who called the code) ->

\*Next responder grabs defibrillator/pads (which are on top of crash cart), checks for a shockable rhythm *(as a default, Code Leader will bring defibrillator/pads into room and check rhythm)->*

\*ICU charge nurse will bring the medication tray, IO kit, and small bag of flushes/iv bags/lab tubes (that will be sitting on top of crash cart) and radios ->

**\*Code leader will hold the radio for communication with those outside the room->**

\*Consider early protective intubation->

\*Code team members will run the code->

**\*after 20 minutes, per AHA guidelines, the situation will be assessed to determine if continuing resuscitation is the most appropriate measure to take at the time**

- Recorder will remain outside the room and record events as best they can
- Nursing supervisor will handle traffic and ensure all supplies are made readily available via the ante-room
- Runner will remain in anteroom/outside room and assist with any additional equipment/meds the code team needs

#### Transfer of Patient following Resuscitation

- Patient, bed and equipment should be covered with plastic or sheets prior to exit from room
- If responders participate in transport, must first doff contaminated PPE and re-don new PPE outside anteroom/room; preferably, there is another transport team ready to accept and transport patient
- Transport should occur using **VA Transport of PUI/COVID+ guidelines**

#### Special Circumstances:

-If a code is called outside on hospital grounds, each code team member will bring their appropriate PPE from the ICU/RT/Anesthesia departments

#### **Key points to remember:**

Providers **MUST** don PPE before entering the PUI/COVID+ patient's room

Must doff PPE before exiting patient's room or anteroom

Transport of patients to ICU should be done using **VA Transport of PUI/COVID+ guidelines**

After code, equipment wipe down:

Glide – Anesthesia

iSTAT – RT

Defibrillator – Nursing

LUCAS – Nursing

2-way radios – ICU Charge Nurse

Medications and Medication Tray – Nursing will put them back in the Crash Cart and follow regular policies and procedures and letting the pharmacy staff know that it was used for a COVID-19 code. Do NOT toss unopened medications away or in the white bins. Due to drug shortages, unopened medications and the medication tray will be wiped down by the Pharmacy.

#### **Proposed RRT response for PUIs**

##### Responders to enter room:

ICU attending/ICU fellow/resident

ICU charge nurse

Respiratory therapy

Bedside nurse

##### Environment:

Clear signage should be visible outside the room indicating that the patient is PUI/COVID+

PPE should be available in the patient's anteroom

RT will bring an iSTAT and ABG kits designated for the RRT

Process:

\*RRT is called ->

\*only designated providers respond->

\*PPE will be made available by charge nurse on the floor where the RRT is called

-Consider upgrade to Code Blue to get additional personnel and equipment. Avoid exit and re-entry into room

-If the patient is determined to need a higher level of care, the nursing supervisor will find an appropriate AIIR for the patient -> the primary team will transport the patient to the appropriate room using the **VA Transport of PUI/COVID+ guidelines**

-If the RRT is called in the outpatient setting for patient designated as a PUI and further care is deemed necessary, the nursing supervisor, ID, and infection control will need to alert the ED-> RRT member(s) will transport the patient to the ED using **VA Transport of PUI/COVID+ guidelines**

**Key points to remember:**

Responders **MUST** don PPE before entering the PUI/COVID+ room

-providers should transport the patient to their appropriate next location using **VA Transport of PUI/COVID+ guidelines**