

COVID-19: West LA VA ED CODE Protocol

- CPR is considered an aerosol generating procedure
- Limit # staff and equipment in the room
- Some patients may not be in negative pressure rooms
- Intubation should be performed early and during the cessation of CPR to decrease risk of aerosolization and exposure to providers

Proper PPE is essential, even if it delays resuscitation

- Entry and exit cannot be rushed
- The **DOOR** is to remain **CLOSED** during the code
- Bystanders outside should be ready in same PPE as below (to switch in)

Recommended PPE (Airborne + enhanced contact precautions)

1. N95 + Surgical mask
2. Gloves x 2 (Outer surgical)
3. Level 2 Isolation Gown x 2 (Thicker yellow)
4. Face Shield or Goggles
5. Hair Bouffant
6. Shoe Covers

Recommended PPE (Airborne + enhanced contact precautions) for Intubator

1. PAPR or N95 (See ED Airway PAPR protocol)

Equipment to Bring

1. Airway Supply (see Airway protocol)
 - a. HEPA Filter
 - b. BVM
 - c. Glidescope Go
 - d. Tube with stylet
 - e. Rescue Items
2. Crash Cart Monitor (ONLY)
3. Defib stickers
4. Medication tray from Crash Cart
5. +/- LUCAS if available
6. Plastic Drape
7. VOCERA at basket at head of bed, microphone facing towards team
8. Mobile Curtain Divider x 2 to block Bed 6&7 area from traffic

Updated 3/30/20

CODE Team Members (INSIDE ROOM):

1. DOCTOR 1
 - a. Intubates/Bags & Runs code
2. RN 1
 - a. IV/Medications/Defibrillates
3. RN 2
 - a. IV/Medications/Defibrillates
4. ICT/NA/RN 3 or +/- LUCAS
 - a. Compressions

CODE Team Members (OUTSIDE ROOM):

1. DOCTOR 2
 - a. Crowd Control
 - i. Removes unneeded members of Code Team
 - b. Buddy for Doffing
 - c. **PPE donned**
2. CHARGE RN
 - a. Timekeeper/Recorder
 - b. PPE check
 - c. **PPE donned** (if near door entry)
3. ICT 2 / NA 2
 - a. EZ-IO
 - b. Runner/backup
 - c. **PPE donned**
4. INPT Code 99 Team
 - a. MOD, OTS, MICU
 - b. Pharmacy
 - c. RT → Vent

STEPS in the ED

Calling the ED Code Internally

1. VOCERA Broadcast "Respiratory Code in Bed X"
2. Everyone in room steps out
3. **CLOSE DOOR**
4. Charge nurse brings COVID cart for PPE
 - a. Assigns RN 1, RN 2, ICT/NA/RN 3 → Don PPE
 - b. Charge nurse checks their PPE
5. Two (2) Doctors will don Airway PPE protocol / Buddy

CODE Team Enters Room w/ Equipment, Starts Compressions & IV Access

6. Likely Nursing Team only first x 3 members
7. Bring equipment
 - a. Zoll w/ Defib pads
 - b. Medication Tray from crash art
 - c. IV access
 - d. Backboard +/- LUCAS
 - e. Plastic Drape
8. **CLOSE DOOR**
9. Charge nurse calls for CODE 99
 - a. For Rm 6&7 direct staff to place Mobile Curtain Dividers x 2 (stop traffic)
 - i. At old Double Doors
 - ii. In front of Room 3-5/ Bathroom
10. Place backboard behind patient +/- LUCAS
11. Place NRB @ 15L on patient *** check with ED attending if ok to do so
 - a. **DO NOT attempt airway ventilation w/ BVM**
 - b. *** ED Attending may decide to place an LMA for airway control
12. Place plastic drape over patient airway (OR surgical mask if drape is not available)
 - a. This drape is a plastic bag- and may need to be cut in the middle to open it up- if not pre-cut

COMMUNICATION

13. Put a CISCO at head of bed basket or on top of the otoscope box
 - a. Charge nurse calls that CISCO phone

Placing Patient on MONITOR, SHOCK if needed

14. Place Defib pads on patient
 - a. Check rhythm- shock if needed
15. ICT/NA/RN can start compressions

Updated 3/30/20

- a. *Doctor may ask to hold until intubation if almost ready

Doctor enters Rooms to Intubate & Run Code

- 16. Doctor 1 completes donning, enters room
 - a. Brings Glidescope, Tube, Adjuncts, BVM w/ filter
- 17. **CLOSE DOOR**
- 18. Nurse Team moves towards exit to avoid airway- stays in room
- 19. Doctor 1 intubates, secures tube
- 20. Replace plastic drape over patient if possible

CODES continues

- 21. Team (re)Initiates chest compressions
- 22. CPR 10 minutes or 3 rounds, ICT 2/ NA 2 will run meds and supplies
- 23. Charge nurse does time-keeping & recording
 - a. Alert team q2min
- 24. Doctor 2 crowd controls outside