Code Blue Process

- It is imperative that Code Blue is prevented in these patients; patient evaluation by the ICU service is required when a COVID patient has an oxygen requirement of > or equal to 5L/min

Code Blue team

Essential
- ICU medical officer holding RRT/Code blue pager (could be fellow/resident/APRN)
- ICU RN/charge nurse – IV access and 2nd one to chest compression
- Floor nurse – first one to start chest compressions
- Respiratory therapist – No bagging, should have their ready to go kits (can not go in and out of room); 1 RT to get ventilator ASAP to bring to the room

Non-essential
- MOD/Hospitalist team outside the room
- Pharmacy outside the room
  - pharmacy code kits will be prepared and available specifically for COVID patients. May hand medications to MD or RN in PPE prior to room entry (~2 rounds of acls).
  - If code occurs outside the ICU Floor staff must bring PPE to that room (floor should have a cart)
- RN – giving meds from outside (should have PPE)
- Nursing supervisor – role to obtain anesthetics for intubation (from pyxis – “intubation kit”); monitor for PPE safety of staff

Communicate from inside to outside while on speaker phone or writing on the door with erasable marker.

Code Blue checklist

- Floor team/RN identifies arrest - call code blue
- Code cart pulled to outside the room and defibrillator brought into the room and attached to patient (this must be decontaminated using current protocol)
- Place surgical mask on patient covering nose and mouth and then start compressions only – No bag-valve mask ventilation.
- Code team arrives and dons PPE
- Anyone not designated on the code team must leave the room
- ACLS led by attending or designee
- High consideration for placement of LMA as temporary airway, otherwise proceed to COVID Intubation Checklist (do not bag mask ventilate patient; if early intubation hold CPR to optimize success and minimize aerosol production)
• If emergent access is needed this would be done by anesthesia/surgery/PCCM fellow or senior resident
• ROSC or death declared

**Post-code**

• ROSC or death declared
• If ROSC, proceed to COVID ICU Transfer Checklist
• If death, proceed to handling of COVID+ death patients
• Appropriate equipment decontamination prior to doffing PPE
• Doff PPE and perform hand hygiene
• Medicine resident may serve as the pathway director
• Full debrief