**ENHANCED ISOLATION Adult CODE BLUE**

**Code Blue called overhead**

<table>
<thead>
<tr>
<th>Team</th>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>INSIDE</strong></td>
<td><strong>Physician 1</strong></td>
<td>- Code leader; Communicates/Narrates with Nurse 5 via two-way Radio</td>
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<tr>
<td></td>
<td><strong>Physician 2 - Anesthesia</strong></td>
<td>- Airway management</td>
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<tr>
<td></td>
<td><strong>Respiratory Therapist</strong></td>
<td>- Place O2 source and towel/mask, bring Ambubag/filter - Bring in RT Kit - Compression if no airway available - Assist with Airway - Avoid unnecessary disconnects of airway circuit - Vent set up (RT Supervisor brings vent to room)</td>
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<tr>
<td></td>
<td><strong>Nurse 1 - (Patient’s primary nurse)</strong></td>
<td>- Start compressions - IV access, draw labs, administer meds</td>
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<tr>
<td></td>
<td><strong>Nurse 2 - (RRT Nurse if available)</strong></td>
<td>- Brings Code Blue Bags (below) to room entrance - Manage defibrillator, applies pads to patient - IV access, draw labs, administer meds, manage defibrillator, assist with compressions</td>
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<tr>
<td></td>
<td><strong>Nurse 3</strong></td>
<td>- Brings crash cart outside room. Ensures items in room - defibrillator, defib pads, backboard, meds, two-way radios - Receive supplies from outside room - IV access, draw labs, administer meds, manage defibrillator, assist with compressions</td>
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<td><strong>Nurse 4</strong></td>
<td>- Manage cart (in PPE) - Hands equipment and crash cart contents to Nurse 3</td>
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<td></td>
<td><strong>Nurse 5</strong></td>
<td>- Recorder - Communicates with Physician 1 via two-way radio</td>
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<tr>
<td></td>
<td><strong>Nurse 6 (Charge Nurse)</strong></td>
<td>- Crowd control until house supervisor arrives - Nurse leader - Distributes PPE &amp; designates roles upon entering room - Designates staff to bring unit GlideScope and ultrasound</td>
</tr>
<tr>
<td></td>
<td><strong>Physician 3 when available – (COVID ICU APP)</strong></td>
<td>- Prepares GlideScope trolley and COVID ultrasound - On standby pending need for additional hands or equipment anticipated</td>
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<td></td>
<td><strong>Pharmacist</strong></td>
<td>- Provide medications</td>
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<tr>
<td></td>
<td><strong>Tech 1 &amp; 2</strong></td>
<td>- Runner, Available to bring supplies - “Gatekeeper” – Monitor exit and doffing of PPE - Ensures proper cleaning of equipment</td>
</tr>
<tr>
<td></td>
<td><strong>House supervisor</strong></td>
<td>- Crowd control, assigns additional needed roles (Gatekeepers)</td>
</tr>
</tbody>
</table>

**OUTSIDE**

- Crowd control, assigns additional needed roles (Gatekeepers)

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**PPE in accordance with current hospital guidelines – See UHS Personal Protective Equipment (PPE) Toolkit**

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**ISOLATION CODE BLUE BAG**

- 10 face shields
- 10 N95 masks (7 regular & 3 small)
- 10 surgical masks
- 10 gowns
- 10 regular gloves in each size
- 10 pairs of size 7.5 surgical gloves
- Two-way radios (4)

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**ISOLATION CODE MED PACK (in Crash Cart Med Tray)**

- Epinephrine 1 mg Inj X 3
- Sodium bicarbonate 50 mEq Inj X 2
- Atropine 1 mg Inj X 1
- Dextrose 50% 50 ml Inj X 1
- Calcium chloride 1 g Inj X 1
- Lidocaine 100 mg Inj X 1
- Flushes

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**RT KIT (on Crash Cart)**

- Ambubag (with tubing)
- HEPA filter
- PEEP valve
- Kelly clamp & Tape for ETT
- End Tidal CO2 colorimeter
- 10cc syringe
- Yankauer and Tubing
- 15L Oxymask and Towel

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**Unit Specific GlideScope trolley**

Covered in large plastic
Available GlideScope Blades (MAC 3 & 4, LoPro 3 & 4)
When the Code Team Arrives and During the Code

- All members must wear appropriate PPE, supplies available in the ISOLATION CODE BLUE BAG.
- Start compressions, if needed.
- Apply oxygen source and then cover the patient’s face with a mask or towel to minimize droplets aerosolization or secretions contamination while performing CPR
- Code cart remains outside the room with pre-made meds
- Bring defibrillator into the room
- If not intubated place on nasal cannula and 15L oxymask as an alternative to bag-mask device for a short duration.
- If intubated, CAN DISCONNECT from ventilator in a case-by-case scenario. Appropriate precautions should be taken and Kelly clamps should be used. Examples below:
  - Airway obstruction
  - Changing HEPA filter
- Anesthesia will be the designated team to intubate to maximize first-pass success. Please refer to COVID-19 Adult Respiratory Support Recommendations.
- CPR may be paused while intubating or while suctioning to allow for increased first-pass success and preventing further aerosolization.
- Preferred method: RSI with videolaryngoscope.
- If intubation unsuccessful, convert to LMA early. If ventilated with LMA or bag-mask device ensure tight seal and use of inline HEPA filter.

After the Code

- Any staff member who is unwell, has had equipment failure, or likely self-contaminated should be first to doff and exit the patient room.
- Doff PPE ONE TEAM MEMBER AT A TIME.
- Doff PPE slowly and carefully according to pre-existing protocol.
- All devices and medication exiting the room need to be cleaned per protocol.
- If the isolation code med pack enters the isolation room and is NOT opened:
  - The isolation code med pack is thoroughly wiped down with Cavi Wipes once out of isolation room.
  - Then, the isolation code med pack is returned to the crash cart medication tray.
- If the isolation code med pack enters the isolation room and is OPENED:
  - Medications NOT used in intact packaging are sealed in NEW bag provided in the crash cart.
  - A designated nurse disinfects the new sealed bag with germicidal disposable wipes once out of isolation room.
  - The sealed, disinfected bag is placed back in the crash cart medication tray.

UHS guidelines references in this document can be found at https://www.universityhealthsystem.com/coronavirus-covid19/healthcare-protocols-and-guidelines?web=1