

**ENHANCED ISOLATION Adult Code Blue Pocket Card**  
Updated on 5/14/20

**ENHANCED ISOLATION Adult CODE BLUE**  
Code Blue called overhead

TEAM

INSIDE

OUTSIDE

Role	Responsibilities
Physician 1	-Code leader; Communicates/Narrates with Nurse 5 via two-way Radio
Physician 2 - Anesthesia	-Airway management
Respiratory Therapist	-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)
Nurse 1 - (Patient's primary nurse)	-Start compressions -IV access, draw labs, administer meds
Nurse 2 - (RRT Nurse if available)	- 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
Nurse 3	- 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
Nurse 4	- Manage cart (in PPE) - Hands equipment and crash cart contents to Nurse 3
Nurse 5	-Recorder -Communicates with Physician 1 via two-way radio
Nurse 6 (Charge Nurse)	- <b>Crowd control</b> until house supervisor arrives - Nurse leader - Distributes PPE & designates roles upon entering room - Designates staff to bring unit Glidescope and ultrasound
Physician 3 when available – (COVID ICU APP)	-Prepares Glidescope trolley and COVID ultrasound -On standby pending need for additional hands or equipment anticipated
Pharmacist	-Provide medications
Tech 1& 2	-Runner, Available to bring supplies -'Gatekeeper' – Monitor exit and doffing of PPE - Ensures proper cleaning of equipment
House supervisor	-Crowd control, assigns additional needed roles (Gatekeepers)

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



**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)

**RT KIT (on Crash Cart)**

- Ambubag (with tubing)
- HEPA filter
- PEEP valve
- Kelly clamp & Tape for ETT
- EtCO2 filter line set
- End Tidal CO2 colorimeter
- 10cc syringe
- Yankauer and Tubing
- 15L Oxvmask and Towel

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

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

**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>