Code Blue Process for ALL Pediatric Patients

- Code Team members must be **identified and assigned a role at the beginning of each shift.**
- If First Responder already in room, will start CPR (surgical mask already on), don gloves, apply surgical mask to patient before starting CPR.
- Each person entering the room dons PPE (gown, face shield/goggles, gloves) with N95 mask, take over CPR
- First Responder steps out for hand hygiene and don PPE to reenter room, if not already donned
- Limit to essential personnel; 6 maximum in room.
- **If first responder NOT present in room:**
  - **PUI/ COVID-19 positive: team must done full PPE before entering room.**
  - **Non-PUI/COVID-19: compressor should be donned in a minimum of a N95 mask and gloves if time does not allow for donning of full PPE. Once remainder of team enters room, compressor must step out to don full PPE if they have not already done so.**

IN

Code Team (inside the room):
- 1 Code Leader: ARNP/ MD
- 1 Airway: Intubation MD
- 1 Nurse (IV line and meds)
- 1 Nurse (compressions)
- 1 Nurse (circulating defibrillator)
- 1 Respiratory Therapist (Intubation/Ventilator)
- Defibrillator removed from code cart and brought inside patient room
- Intubation tray, 2 viral filters for BVM and ventilator, kelly clamps
- 3 rounds of code medications placed on bedside table (epinephrine, calcium chloride, calcium bicarbonate)
- Spectra link on speakerphone or radio in biohazard bag for inside and outside staff to communicate

OUT

Support Team (outside the room):
- 1 Pharmacy/Med Nurse drawing up meds
- 1 Nurse (recorder/documentation)
- 1 Resource Nurse (running for supplies/PPE observer)
- 1 Resource RT (running for supplies)
- Code Cart and airway cart (if applicable for unit) 6 feet from room
- 1 setup of PPE should be available if any staff inside need to be relieved
- Spectra link on speakerphone or radio in biohazard bag for inside and outside staff to communicate

Resuscitation/PALS:
- Use standard approach to PALS. **Exception**: **Hold compressions for intubation to decrease risk of aerosolization of secretions**
- Early/immediate intubation using CMAC
- PEEP valves and viral filters are brought to codes and applied to BVM by RT.
- Early/immediate intubation using CMAC.
- ET tube must be clamped with kelly clamps if ventilator cannot be connected immediately and for any break in circuit
- If tracheal intubation fails, place LMA
- If Return of Spontaneous Circulation (ROSC) is achieved: Additional team members assisting with further interventions must wear full PPE, including eye protection, fluid resistant gown, gloves, and N95 mask.

Done

After the Code:
- **IMMEDIATELY FOLLOWING THE CODE**, staff should do 5-minute time out to carefully identify all equipment used and secure them for thorough cleaning and disinfection.
- All equipment must be thoroughly cleaned after use in accordance with established infection control standards.
- **Debrief the code blue event** - What went well? What needs improvement?
- Code Cart drawers (use EVS bags for bagging)
- Defibrillator/Monitor (brought into the room) – sanitize with purple or gray wipes (bleach if positive for C-diff), place on the code cart after dry time is complete.
- Pharmacy Medication Drawer (do not bring into room) – any UNUSED medications taken into the room are double bagged, then include with tray in a single bag and take to Pharmacy for replacement.
- Respiratory tray– double bag any USED non-disposable items (scope, etc.) separately place in single bag with remainder of tray, bring to Sterile Processing Department for cleaning and replacement.
- Other LOCKED drawers/trays (do not go into the room) sanitize and remain on the code cart.
- Other UNLOCKED drawers/trays (do not go into the room) double bag any USED non-disposable items, separately, bring with tray to Sterile Processing Department for cleaning and replacement.
- Doff in the room per PPE guidelines under the direct observation of the support team

Patient Transport – Code Blue team members stay in current PPE during transport, place Defibrillator/AED/Monitor on patient's bed, for un-intubated patients place surgical mask on the patient, patients noncompliant with mask to be covered with a sheet, a non-Code Blue person (not in PPE) should clear the path for the team and push the elevator button, security to accompany all intubated patients, notify EVS if elevator used for immediate cleaning, receiving team don in PPE