

Non-ICU recommendations for Resuscitation of COVID + or PUIs

Purpose: The aim of this document is to provide recommendations for high quality resuscitation to patients diagnosed with or suspected of COVID-19 infection while minimizing exposure risk to caregivers and the environment.

- **Caregiver Safety Considerations**

- Minimize the number of caregivers in the room.
- **Limit** movement of caregivers **in and out** of the room.
- Don personal protective equipment (PPE) **before entering the room even if this delays care: N95 mask**, eye protection, gown and gloves.
- Place a covering (washcloth, towel, plastic barrier, or mask) over patient's face **before** starting chest compressions.
- **Recommendation: have one caregiver who is outside the room donned and ready to go in if needed.**

- **Initiation of Resuscitation:**

- **No rescue breaths** should be administered during this time.
- Follow standard ACLS/BLS protocols otherwise.
- **To GO INSIDE THE ROOM:**
 - 1 medication RN
 - 2 compressors
 - RT
 - Airway leader – EPXREINCED provider.
- **To STAY OUTSIDE THE ROOM**
OR if room layout doesn't permit to stay outside STAY 6 feet away (Don PPE)
 - Code leader
 - Documenting RN
 - Runner (STAY OUTSIDE THE ROOM)

- **Support of Circulation:**

- High level compressions and early defibrillation are KEY.
- CPR should be administered by the first responder for non-shockable rhythms.
- Apply defibrillation pads (e.g. Zoll One Step Pads or ProPadz).
 - **Early defibrillation** is goal for VF and pulseless VT rhythms.
 - Pad placement: **Anterior-Anterior**.
 - Use AED mode (**press ANALYZE**) if working on a unit that manual defibrillation by a RN is not allowed. Refer to: [Defibrillation, Manual, Zoll R Series ALS, Adult Standard Operating Procedure](#), for the list of units.
- IO access should be established early if no other adequate vascular access is present.

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- **Support of Breathing:**

- **BVM should not be administered, EARLY INTUBATION is recommended.**
- **Hold compressions during intubation.**
- A video laryngoscope is the first-line intubating device.
- Fiber-optic bronchoscopy is **highly discouraged** due to aerosolization risk.
 - Disposable video bronchoscopes should be used if absolutely unavoidable.
- Place an HEMF or HEPA filter between the LMA and the bag.
 - MET/Rapid response teams should bring with them.
 - Place a covering over the face and LMA before ventilating
 - Give the first breath after filter is in place.

- **Medication Administration:**

- Crash cart and medication box should be kept **OUTSIDE the room OR if room layout doesn't permit to stay outside the room STAY 6 feet away from the event (Clean all equipment after the code prior to taking it out of the room)**
- Medication preparation RN-
 - Handle all medications with clean, gloved hands.
 - Do not touch anything in room except medication.
 - Hand medication to nurse administering medications, AVOID TOUCHING.

DONNING/DOFFING SEQUENCE TO CHANGE
FROM SURGICAL MASK TO N95 MASK

- Doff gloves
- Perform hand hygiene
- Doff eye protection
- Doff surgical mask
- Perform hand hygiene
- Don clean gloves
- Don N95 mask
- Don eye protection

Use buddy system if caregivers are available

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- **After the code:**
 - Follow doffing sequence/guidelines.
 - Clean all equipment that was used EPA-registered hospital disinfectant (e.g. Super Sani wipes or Bleach wipes)
 - Medication box:
 - Any medications that were open and handed to medication administration RN must be discarded.
 - Gather unused medications (that was not handed to medication RN), close box, wipe with EPA-registered hospital disinfectant (e.g. Super Sani wipes or Bleach wipes), remove from room and return to pharmacy.