

Decompensating COVID-19** Patient on Floor

**Suspected or Confirmed

Call a **rapid response** if having an increasing O2 requirement to **>5L** or any other concern for patient decompensation

If the patient needs **CPR or intubation** (or other aerosolizing procedure), then must transition isolation from:

Droplet → Airborne Precautions

+Gown
+Gloves
+Face shield
+Surgical mask



+Gown
+Gloves
+PAPR

OR

If passed fit testing:

+Gown
+Gloves
+Face shield
+N95

If Patient with COVID-19 Codes, then:

Call Code Blue (85656)

Tell operator "yes" COVID-19 patient**

** This will instruct Code Blue Team to bring additional PAPRs

Leave Code Cart Outside Room

- Bring in:
- AED/Defib/Pads
 - Backboard
 - Stool
 - IV Supplies
 - Lab Supplies

Don Airborne PPE

(Obtain from unit specified location)

While Awaiting Airborne PPE

- Place pads & power on AED
- Place 15L NRB**
- Place backboard to prepare for CPR
- Flush IV & draw labs

** Do not turn oxygen flow to >15L due to risk of aerolization

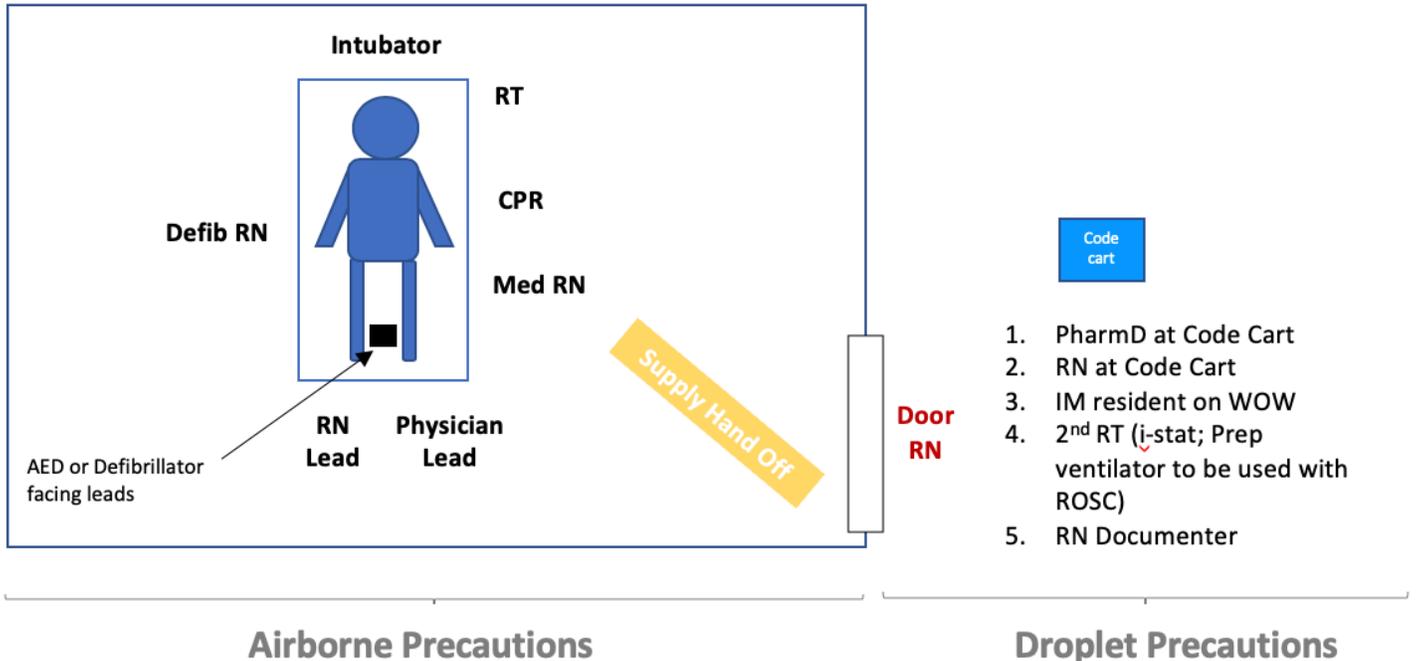
When Airborne PPE on at least 2 Providers, Everyone Else Vacate Room

- Start CPR
- Follow prompts on AED
- Continue 15L NRB

Once Code Team Arrives:

COVID-19** Patient on Floor

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Two Anesthesia Providers will respond to COVID-19 Codes

1. Anesthesia Staff: Lead Physician
2. Anesthesia Provider: Intubator

All Roles other than Leads will rotate on CPR

Leave Outside Room

- Code Cart
- RRT Cart
- Anesthesia Bag

Hand in supplies as needed.

Door RN
Communicate and coordinate supply handoffs

RN Documenter
Capture as much as possible

Resident
Collect and communicate background information