LPCH  
RRT/CODE Guidelines for COVID 19 Period

**Topic:** RRT/Code Response for COVID 19 Operational Period

**Summary/Overview Statement:** Provide modified guidelines of existing code / RRT response and AHA PALS Guidelines during the COVID-19 virus period.

**Why are we doing this?**

The overlying principle is to continue to provide quick, safe, effective code / RRT response and CPR for children with cardiac arrest while minimizing potential risk of COVID 19 exposure. This will be balanced against the unfavorable risk/benefit to the staff when the underlying cause of the arrest event is COVID 19 related refractory critical illness.

**Code Blue & RRT Response Changes:**

1. **Code and Rapid Response team will minimize room entry for all code and RRT events**
   - Team leader to lead from room entrance and stay out of room when possible, but may need to enter room for communication or advanced skills such as intubation.
   - Limit to total of 4 other providers in room whenever possible:
     - Two trained team members (as needed) for chest compressions
     - One RT for airway and ventilation
     - One RN for meds, IV access, monitoring, supporting defibrillation etc..
     - Other roles such as monitor, pharmacist, code cart manager and recorder will not be in the room
     - Two additional compressors should be outside to switch out a compressor or assist with additional RN tasks inside room if needed.

2. **All code / RRT team members will wear appropriate PPE based on isolation status and in any cases in which there may be an infectious concern.**
   - Team Lead determines if the patient for whom the RRT was called needs to be considered PUI and therefore more PPE is indicated
   - ANS PPE support role will be responding to all code / RRT events to ensure appropriate PPE is available. Charge RN’s on units should also assist and limit responders in room

**CPR Indications**

1. **CPR for unanticipated arrest should be provided as it is today** unless there are COVID 19 refractory illness concerns (see below)

2. **CPR will not be offered (i.e. DNR order should be in place) for patients with critical illness refractory** to maximal therapy for who CPR would be a futile or near futile exercise which would not justify the risks to the care team.
   - Example – Patient with worsening ARDS and hypoxia leading to eventual arrest. Since provision of futile medical care is not required (morally or ethically)

3. **In these circumstances, a DNR order can be made without parental consent** but prior DNR discussion and order should be attempted prior arrest. Ethic consults are recommended if family is in disagreement.

Developed by: Co-Chairs of ROC
Approved by: ROC 4/6/20
TRANSFERRING OF PUI’s TO PICU POST RAPID RESPONSE CODE BLUE

CLEAN

Wipe crib or bed prior to transferring patient (when appropriate)

TRANSFER

Transfer patient to PICU Landing Zone with appropriate PPE (if patient unable to wear mask - must use tent)

ASSIST FAMILY

Acute Care RN to assist family in donning fresh mask and accompany family to PICU

CLEAN

Wipe crib or bed prior to returning