Special Considerations for Resuscitation
Patients on Enhanced Contact Droplet Precautions

The process of resuscitating patients on Enhanced Contact Droplet Precautions presents an increased risk of exposure for health care professionals. This document is intended to serve as a guide and care should be customized to department specific workflows and patient population.

ATTENTION: Do NOT enter room without donning appropriate Personal Protective Equipment!

Inside of the Room

Team Member Roles
Team in closest proximity manages CPR
- Nurse 1: Medication administration
- Nurse 2 and Nurse 3: alternate between compressions and obtaining supplies from team outside of the room
- RT 1: Manages the airway

Remaining team members inside room:
- MD 1: Team Lead
- Nurse 4: Documentation

Note: If no advanced airway, bring in MD 2 to intubate and Nurse 5 as additional resource.

Required PPE
- Gown
- Gloves
- Goggles or Face Shield
- N-95 mask with tight fitting seal

Outside of the Room

Team Member Roles
Code Team Resources
- Nurse 5: Resource/Charge
- RT 2: Respiratory Resource
- Pharmacist or Nurse 6: Medications – may add additional Nurse to check medications.
- MD 2: Will enter for procedures as needed (intubation, line access, etc.)

Note: Add additional members based on clinical scenario and patient safety needs.

PPE Guidelines
- MD 2, RT 2, and Nurse 5 wear N-95 and goggles outside of the room. Don full PPE prior to entering the room.

Prepare Equipment and Supplies
Medications – prepare 3 rounds of medications [Epinephrine, Bicarbonate, and additional medications as requested per MD].

Code cart – keep outside of room
Defibrillator – with assigned operator

Note: Only bring equipment and supplies into the room as needed for clinical care

Team Member Positioning

Patient Room Boundary

RT 1
MD 1
Nurse 1
Nurse 2
Nurse 3
Nurse 4

Maintain distance of 6 feet as able

Doorway/Room Entrance

Team outside the room should remain available to assist as needed.

Respiratory Management

Without Advanced Airway
1. Connect bag with attached HEPA filter to mask.
2. Provide PPV with bag-mask.
3. Place LMA. Team outside of the room should prepare all intubation equipment and supplies.
4. Intubate.

Advanced Airway Ventilation
Avoid hand bagging when possible and DO NOT DISCONNECT patient from ventilator as initial strategy.
- PEEP: increased per MD recommendation
- iTime: 1 second
- PIP: raise alarm limits
- Rate: 6 – 10 breaths per minutes

If Hand Bagging is Required
1. Put ventilator on standby.
2. Clamp ETT.
3. Connect bag with attached HEPA filter and provide PPV.
4. When ready to reconnect to ventilator, clamp ETT.
5. Remove HEPA filter and bag.
6. Reconnect to ventilator.

Special Considerations
- Do not use EMMA CO2 detector.
- LMA placed in order to minimize aerosolization and provide time for team to gather intubation supplies.

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