

CODE 95 – Inpatient Units

Activation criteria:

- Cardiopulmonary (CP) arrest OR intubation requirement (patient with respiratory deterioration) **AND**
- Patient *confirmed* or *suspected* to have COVID-19

Activation announcement:

- Overhead with location
- “CODE 95”

Team Composition:

- Day
 - Anesthesiologist – 2
 - RT
 - Unit RNs - 2
 - IICU RN #1 – Donning/Doffing Officer
 - IICU RN #2 – recorder
 - Hospitalist
 - ICU Attending
 - ICU Fellow
 - Pharmacist

Night:

- Anesthesiologist - 2
- RT
- Unit RN – 2
- IICU RN #1 – Donning/Doffing Officer
- IICU RN #2 – recorder
- Nocturnist
- ICU Senior Resident/NP
- Pharmacist

Equipment:

- CP Arrest: Code blue cart
- Respiratory Deterioration: Gray cart (next to code blue cart) – HiOx mask, defibrillator to be placed on cart

PPE:

- Enhanced PPE: The Anesthesiologists and RTs (brought by Anesthesiologist)
- All other staff: gown, gloves, PAPR (provided by unit)

Roles:

IICU RN #1 - Donning/Doffing Officer:

- Identifies whether CP arrest or respiratory distress from First Responder
- Directs who brings in Gray Cart, Crash Cart, or Pharmacy Ziploc Medication Bag
- Present in donning area for responding staff arrival and helps with appropriate donning
- Writes roles on front and back of responders' gowns
- Regulates who responds to the Code and ensures that only the necessary staff respond and appropriate PPE is worn
- Communicates with Nursing Supervisor to bring PARPs to patient's room

Team Leader:

- Day: Hospitalist
- Night: Nocturnist

First Responder (in the room):

1. Calls "CODE 95" to Ward Clerk with location
2. If patient is making respiratory efforts, adjusts NC to 6 LPM maximum or HiOx mask to 15 LPM (depending on whether patient already has a NC or HiOx mask); if no respiratory effort, places surgical mask on patient or, if already on, increases HiOx to 15 LPM. Avoid BVM ventilation. *(NOTE: BVM ventilation should only be done by an experienced provider with a HEPA filter on the Ambu bag; avoid placement of oral and nasal airways)*
3. If pulse present, attaches cardiac monitor, pulse oximeter, NIBP and waits at doorway to give report to Arriving Responder #1; if no pulse present, starts chest compressions

Arriving Responder #1:

1. Instructed by donning/doffing officer to bring Code Cart into room if CP arrest **OR** Gray Cart with defibrillator and HiOx if patient has respiratory efforts
2. If respiratory efforts present, places defibrillator pads; if no respiratory effort, places defibrillator pads, turns to AED mode and defibrillates if indicated, **AND**, stopping chest compressions, removes surgical mask and places HiOx mask 15 LPM
3. Takes over chest compressions from First Responder

Arriving Responder #2:

1. If Anesthesiologist, proceeds with intubation (waits for at least three people before intubation)
2. If not an Anesthesiologist, brings Pharmacy Ziploc Medication Bag into room, establishes IV access, prepares drugs, manages defibrillator as instructed by Team Leader
3. If RT, waits for Anesthesiologist to arrive before entering room

Arriving Responder #3:

1. If Anesthesiologist, intubates
2. If not an Anesthesiologist, brings Pharmacy Ziploc Medication Bag into room, establishes IV access, prepares drugs, manages defibrillator as instructed by Team Leader

Roles continues:

Arriving Responder #4:

1. Waits outside room for Team Leader instructions (to bring extra equipment, medications, etc)

Pharmacist:

1. Brings Pharmacy Ziploc Medication Bag with intubation and resuscitation medications (see list at end of document)
2. Stays outside the room with regular mask, gown and gloves
3. Hands off Pharmacy Ziploc Medication Bag to an Arriving Responder
4. If additional medications are needed, will be notified via Vocera or by Donning/Doffing Officer

RT:

1. If First Responder, already wearing PPE, initiates Code 95
2. If an Arriving Responder, waits for Anesthesiologist to don enhanced PPE

Specific roles of team members:

Hospitalist/Nocturnist: Team Leader, assigns roles, decides who should enter room

Unit RN: chest compressions, defibrillation, IV placement, drug administration

IICU RN #1: Donning/Doffing Officer

IICU RN #2: recorder; could place IV, administer drugs, manage defibrillator and iSTAT

Anesthesiologist: intubation, procedures

RT: assists anesthesiologist with intubation, connects patient to ventilator

ICU Attending: chest compressions, IV placement, drug administration, procedures

ICU Fellow: chest compressions, IV placement, drug administration, procedures

ICU Senior Resident/NP: chest compressions, IV placement, drug administration, procedures

Pharmacist: provides medications for intubation and resuscitation

Pharmacy Medication Ziploc Bag

Propofol 200mg/20ml vial, #1
Etomidate 20mg/10ml vial, #1
Rocuronium 50mg/5ml vials, #2 (Expires at 60 days RT)
Succinylcholine 200mg/10ml vial, #1 (Expires at 6 months RT)
Ephedrine 25mg/5ml syringe, #1
Phenylephrine 1mg/10ml syringe, #2
Epinephrine 1mg/ml vial, #1
Vasopressin 20units/ml vials, #1 (Expires at 12 months RT)
Amiodarone 150mg/3ml vials, #2
NS 100ml IVPB (non-PVC), #1
NS Flush 10ml syringe, #2
Syringes 10ml, #5
Syringes 20ml, #2

Pharmacy Medication Ziploc Bag Continued:

Needles 16G, #6
Medic Anti-stick needle, #5
Alcohol swabs, #10
Blank labels
Sharpie