

CODE BLUE Algorithm

For patient found unresponsive or in active cardiac arrest.

	Pt is COVID Negative	Pt is COVID Positive/Suspect
RESPONDER 1	PPE: Droplet/Contact <ul style="list-style-type: none"> +/- P100N95 based on PCRA Start chest compressions <ul style="list-style-type: none"> Apply mask to patient if possible 	PPE Droplet/Contact <ul style="list-style-type: none"> + P100N95 Apply mask to patient Start chest compressions Do not manually ventilate (BVM)
RESPONDER 2 “Safety Officer” PCL or in-charge <small>*tasks can be delegated</small>	*Call: x5999: “Code Blue, Unit #, Room #” <ul style="list-style-type: none"> ✓ *Retrieve crash cart/defibrillator and apply pads ✓ Help with compressions as needed ✓ Ventilate patient (BVM with HEPA filter attached) until more responders/RT available to assume ventilations ✓ Minimize traffic in room/hallway once Code Team has arrived 	*Call: x5999: “PROTECTED Code Blue, Unit #, Room #” <ul style="list-style-type: none"> ✓ *Retrieve crash cart/defibrillator and apply pads ✓ Assist with donning AGMP PPE ✓ *Obtain signage & code charting ✓ Minimize traffic in room/hallway once Code Team has arrived
CODE TEAM ARRIVAL	PPE: Contact/Droplet <ul style="list-style-type: none"> +/- P100N95 based on PCRA 	PPE: AGMP PPE (with P100/N95) <ul style="list-style-type: none"> ✓ If not yet applied, place pads on patient, turn on defib/monitor – if shockable rhythm administer 200j ✓ Confirm intubation plan, assign roles/tasks ✓ Anyone not in AGMP PPE leaves room and Code Team member takes over chest compressions
INTUBATION	<ul style="list-style-type: none"> ✓ Use ambubag with filter to pre-oxygenate and ventilate patient ✓ May perform direct laryngoscopy 	Pre-Intubation: <ul style="list-style-type: none"> Pre-oxygenating: avoid manual ventilation – use Weingart device or BVM without squeezing bag Protected Intubation: <ul style="list-style-type: none"> Avoid direct laryngoscopy – use GlideScope Post-Intubation <ul style="list-style-type: none"> Use ambubag with HEPA filter to ventilate or portable vent until transfer to ICU.
TRANSFER TEAM	PPE: Routine Precautions <ul style="list-style-type: none"> ✓ Transfer team (RT/ RN) transfer patient to ICU 	PPE: Contact/Droplet <ul style="list-style-type: none"> RT or RN provides manual ventilation (on intubated patients only) while bed being pushed to doorway Transfer team (ICU MD, ICU RN, Runner) wears droplet/contact PPE to receive/ transfer patient
DOFF PPE & DEBRIEF	<ul style="list-style-type: none"> ✓ Staff carefully remove PPE ✓ Staff Officer to lead Debrief 	<ul style="list-style-type: none"> Safety Officer ensures CODE Team carefully doffs PPE according to Trained Observer Checklist – doff just outside room if not negative pressure/or in antechamber Safety officer to lead Debrief