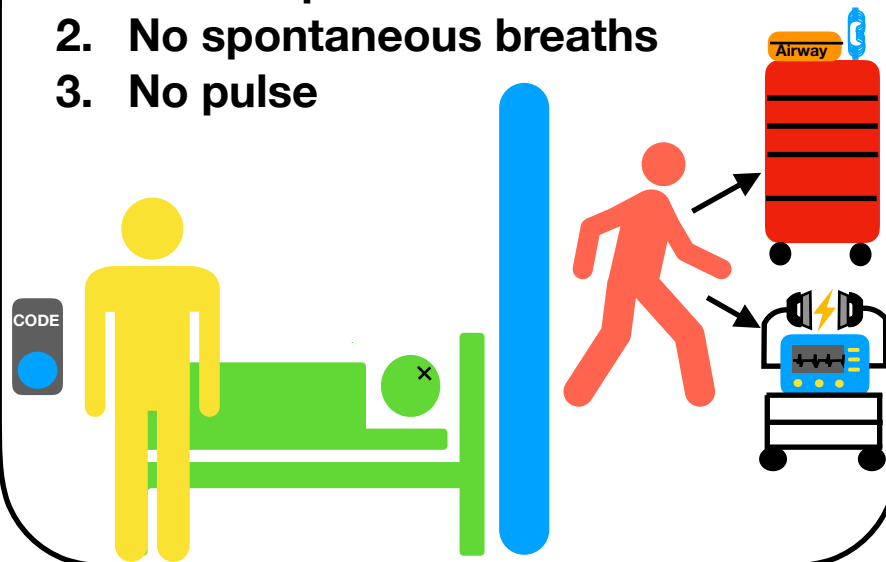# Cardiac Arrest in the non-COVID patient

Step 1
Call The Code

1. Recognize Patient is Coding:
2. Push the code button in the room.
3. If outside the room, bring Code-Cart and Defibrillator
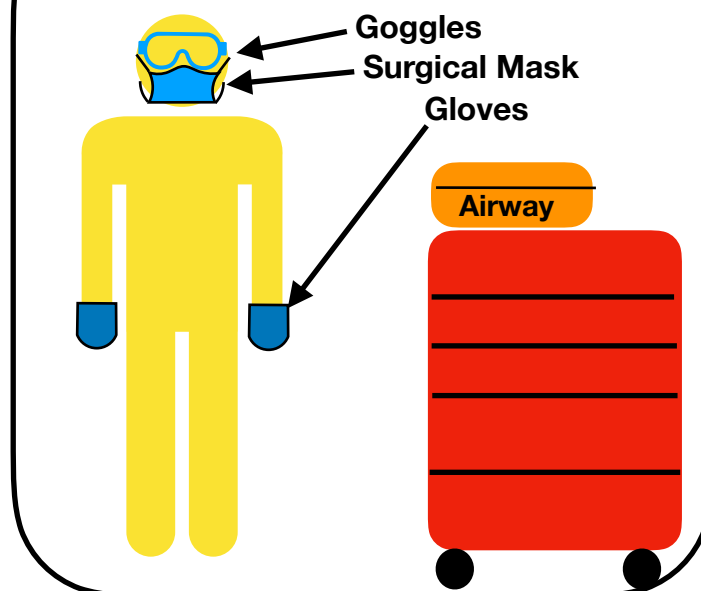
Recognize Arrest

1. Non-responsive
2. No spontaneous breaths
3. No pulse

Step 2
Get PPE

1. Grab plastic sheet or NRB from the code cart.

2. Grab Your PPE:
   a. Surgical Mask
   b. Eye Protection
   c. Gloves

Get PPE from the Code Cart

Goggles
Surgical Mask
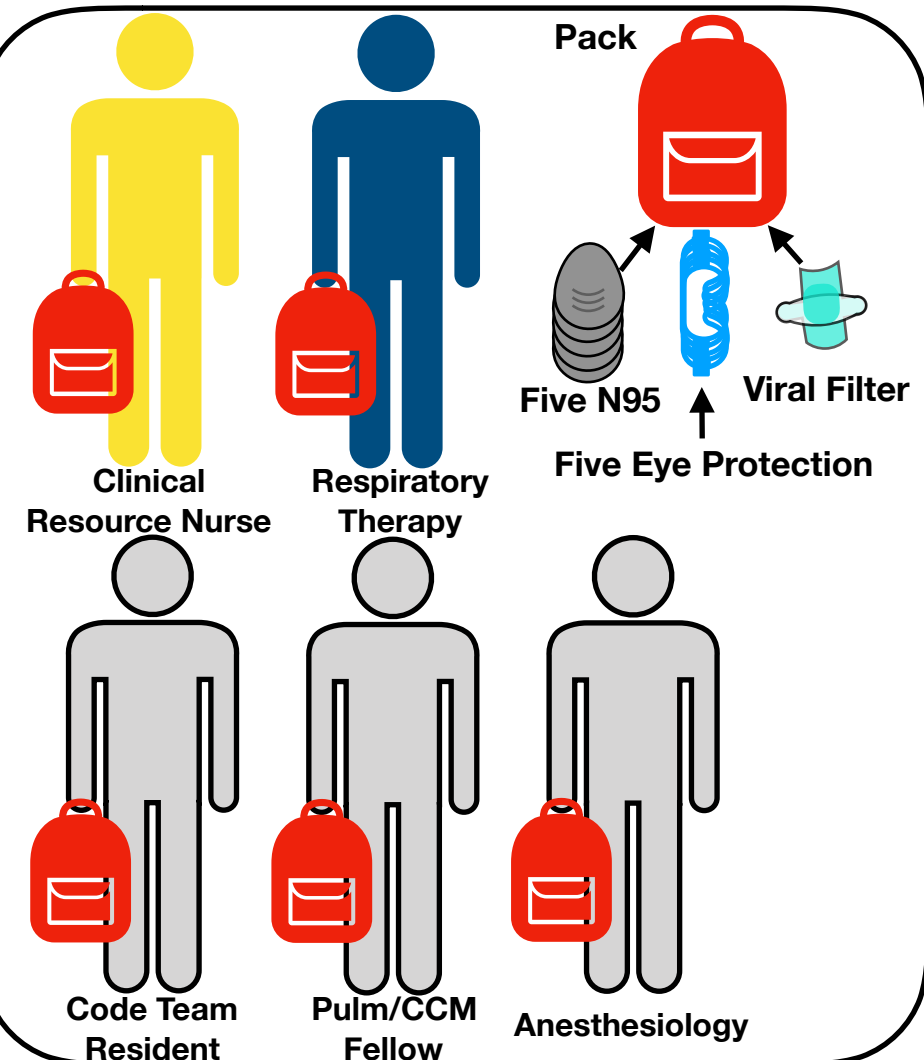Gloves
Airway

Step 3
Begin CPR

1. Pull bed from wall.
2. Place CPR board under patient.
3. Place plastic sheet over face
4. Start with Hands Only CPR (chest compressions)
5. Attach D-Fib pads and 100% NRB if possible.

Pull Bed From Wall
Place CPR Board
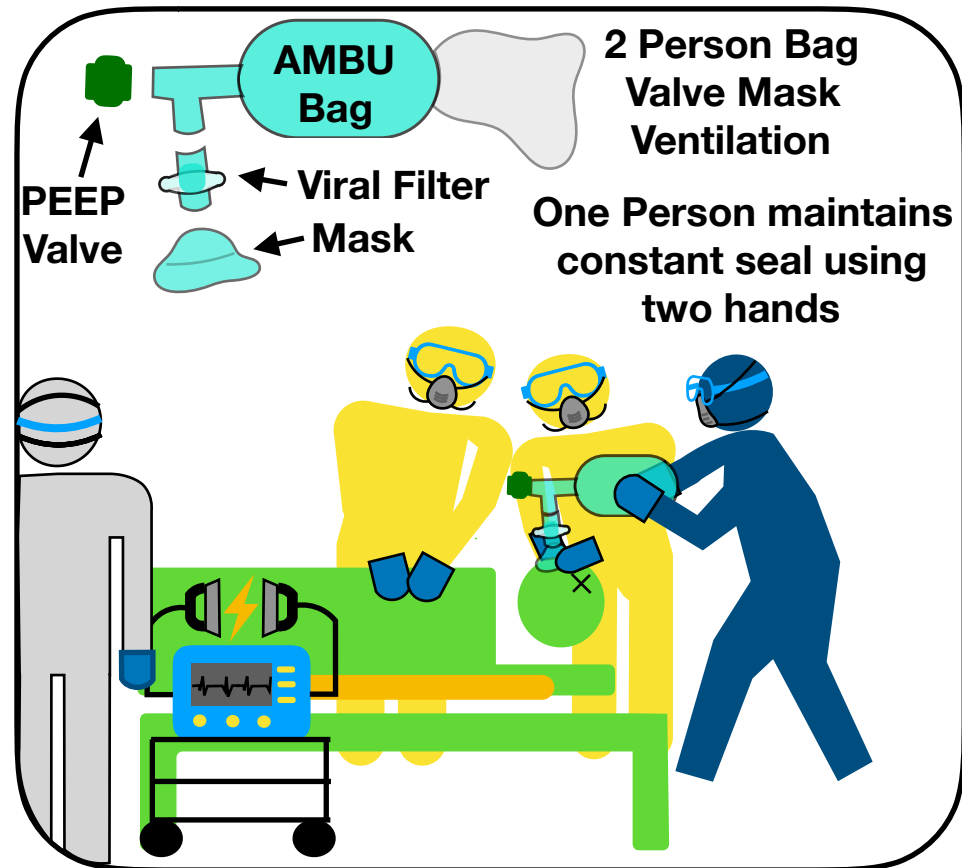### Start Compressions Only
Place D-Fib Pads and oxygen
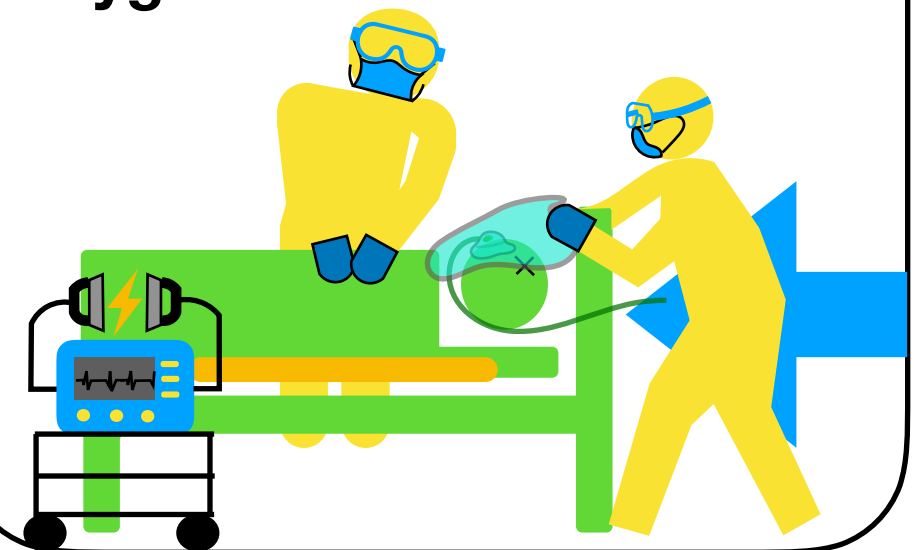
Step 4
Code Team Arrives

1. Each person on the 5 member code team will carry a pack which contains five N95 masks, a viral filter for the unit AMBU bag eye protection.
2. The Code cart already has a PEEP valve
3. The Code team will distribute these PPE

Pack

Five N95
Viral Filter
Five Eye Protection

Clinical Resource Nurse
Respiratory Therapy

Code Team Resident
Pulm/CCM Fellow
Anesthesiology

Step 5

CPR with Rescue Breaths

1. The Code team will assemble the Bag-Valve Mask to include the viral filter and the PEEP valve.
2. Members already engaged in CPR should trade out with members who have N95 masks on prior to rescue breathing.
3. The PEEP should be set to between 0 and 10, and helps allow the bag valve mask to function more like a non-rebreather mask while maintaining a seal during chest compressions.
4. Only begin Bag-Valve-Mask ventilation with two dedicated rescuers.
5. One rescuer should focus on delivering breaths, while the second rescuer should focus on maintaining a good seal using two handed technique.
6. Breaths to compression ratio should remain 2:30 and mask seal should be maintained at all times except defibrillation.

Step 6

Code Team Management
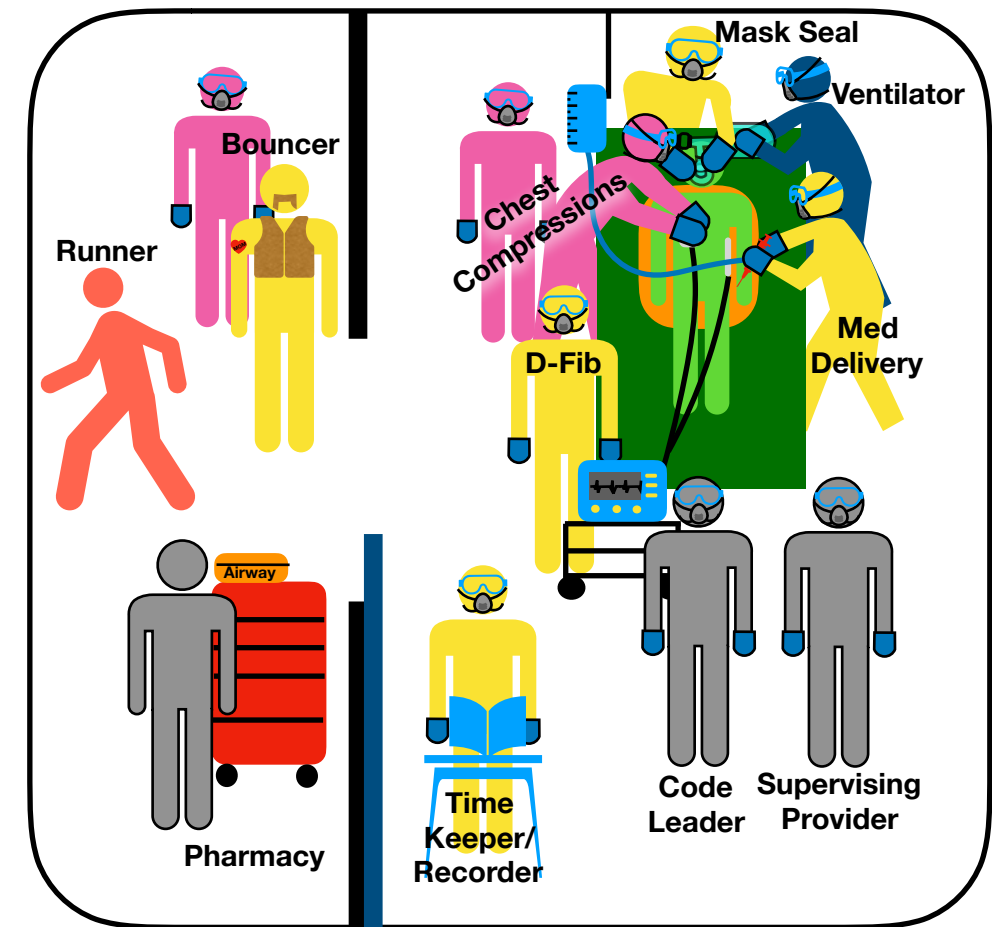
Inside Team

Breathing
RT and second person to maintain mask seal and ventilate

Circulation
Chest Compressor and backup
RN/Provider manages defibrillator

Medications
RN delivering medications

Code Management
RN time keeper and up to 2 providers managing resuscitative efforts

Outside Team

Code Management
Bouncer makes sure only essential personal in room and appropriate PPE is worn
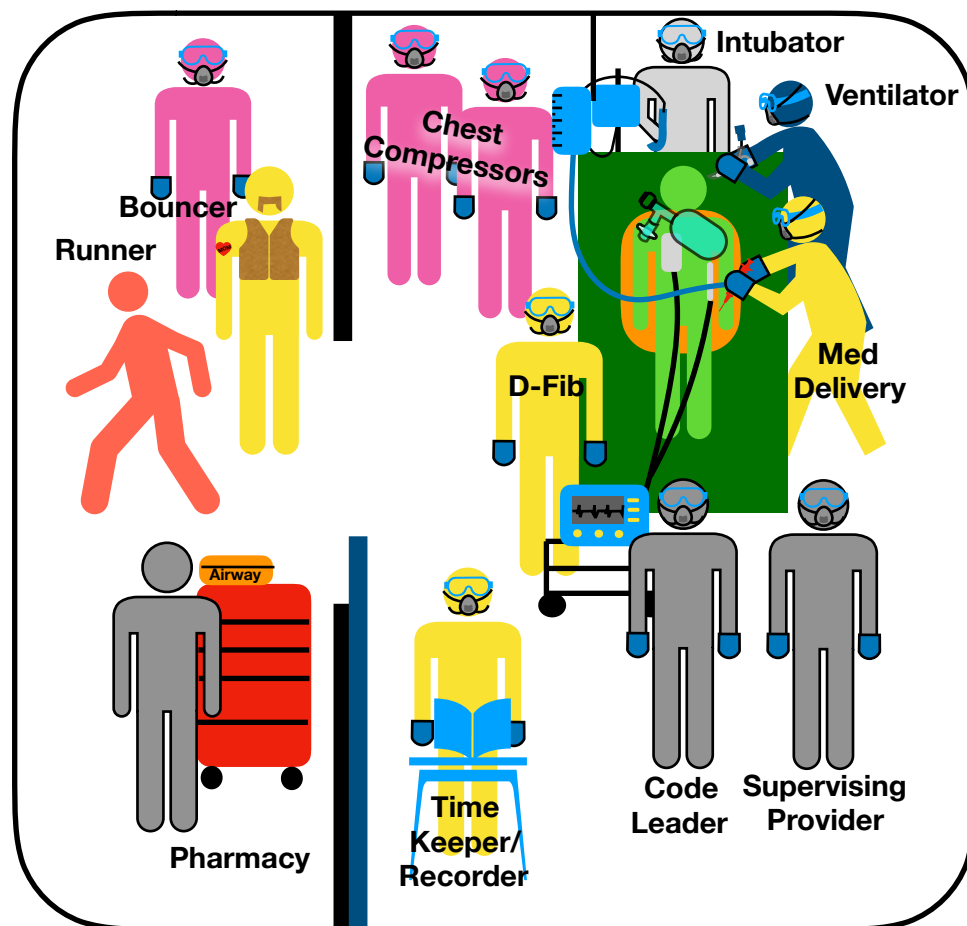
Runners grab additional equipment.

Circulation
Back-up Chest Compressor donned in PPE and ready to take over.

Medications
Pharmacy or RN controls code and RSI drugs.

Step 7

Intubate

1. **Intubate as soon as feasible**
2. **Chest compressions should stop for intubation.**
3. **The most senior provider should perform intubation**
4. **GlideScope is preferred strategy for intubation with RSI if needed for induction.**
5. **Once intubated, the patient should be returned to the BVM with a viral filter and PEEP valve.**
6. **Chest compressions and rescue ventilations may now be continued slowly with a breath every 8 seconds.**
7. **Avoid breaking circuit until patient is ready to go on ventilator.**

Step 8

Continue Running Code

1. **Continue normal ACLS**
2. **Keep track of all persons entering the room.**
3. **After code terminates, send SARS-CoV-2 testing (but no special isolation for the patient is required.**
4. **Debrief after every code and let your supervisor know if something is not working. We are still learning how to optimize the arrest algorithm in the setting of COVID-19.**
5. **Minimize interruptions in the BVM-ET tube circuit until ready to switch to ventilator.**
6. **Consider therapeutic hypothermia if GCS <8.**

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