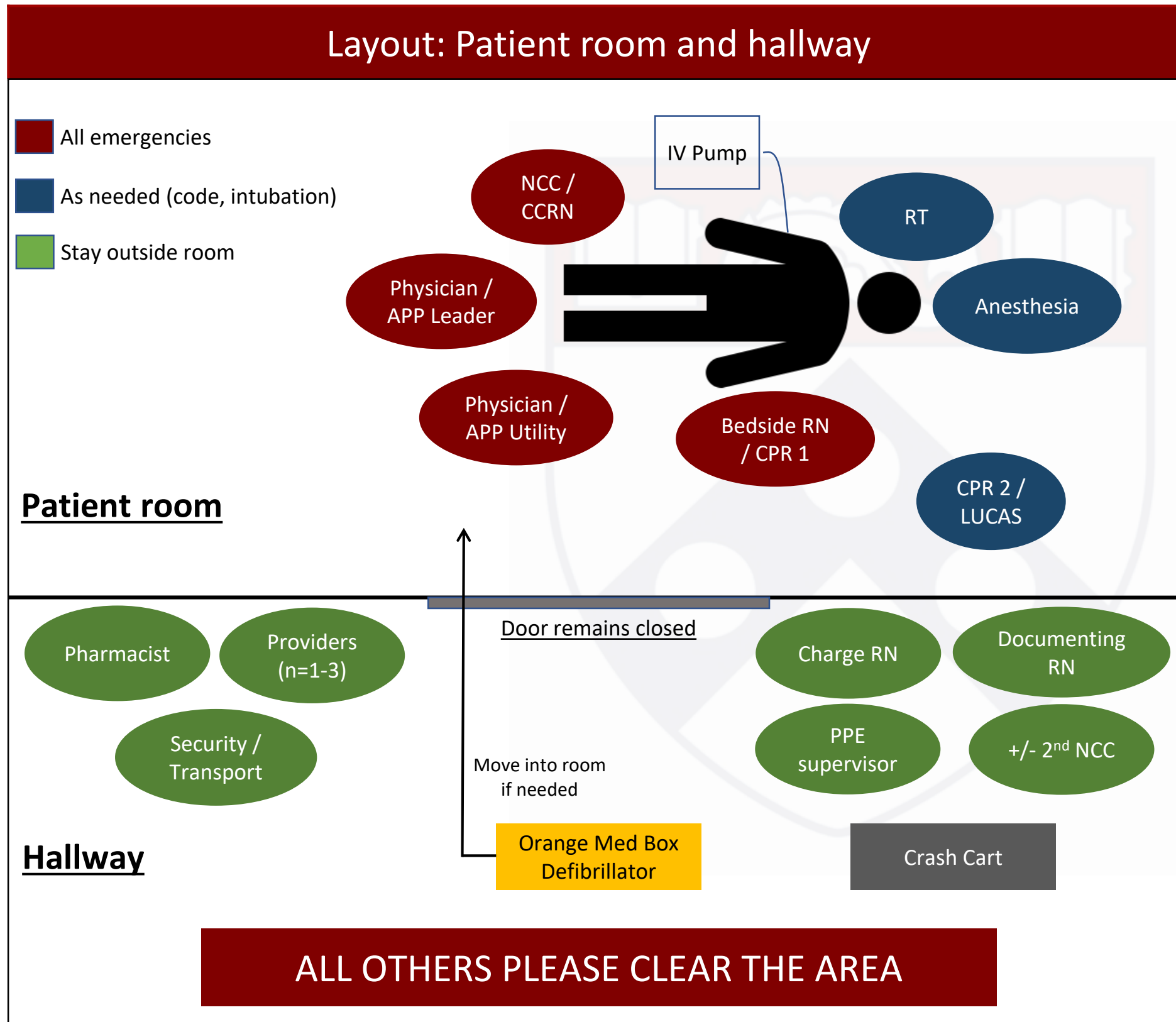


Clinical Emergencies Guide: Layout and Logistics

(Use when Clinical Emergencies Guide: PPE and Respiratory Management dictates minimizing in-room personnel and closing door)



Logistics

Local provider response (before RRT arrival)

STOP: Don appropriate PPE first
Focus on ABCs, basic life support

Clinical emergency physician / APP roles

Leader: RRT attending, fellow, resident, APP
Utility: Local or primary bedside provider
Out-of-room providers: Other local or RRT providers

PPE management (charge RN, designee, or SME)

Distribute PPE (note: N95 masks in crash cart)
Ensure appropriate donning / doffing
Minimize door opening

Communication and Documentation

Call between 2 phones, pass 1 (on speaker) into room
(Alt: white boards / window, nurse call system)
Sanitize phone at end of emergency
Document as able outside patient room

Intubation

Non-intubating personnel: >6 feet away if possible
Intubation during CPR: pause chest compressions

LUCAS chest compression device

Contraindications:

- Fresh sternotomy
- Prone position

Use:

- Manual compressions while applying
- Don't pause device for defibrillation
- Marker suction cup borders, monitor for migration



Clinical Emergencies Guide: PPE and Respiratory Management

(see accompanying [Clinical Emergencies Guide: Logistics and Layout](#) for additional details)

PPE and Infection Control			
COVID status	Emergency	PPE	Risk minimization
Non-PUI	RRT (non-respiratory)	Surgical Mask + Gloves + Eye Shield	Standard
	RRT (respiratory)	Single use N95 or PAPR† + Gown/Gloves + Face Shield/Goggles	Minimize in-room personnel† + Close door / cell phone communication†
	Code or Intubation		
PUI	RRT (any)	Single use N95 or PAPR + Gown/Gloves + Face Shield/Goggles	Minimize in-room personnel + Close door / cell phone communication
	Code or Intubation		
Confirmed COVID-19 +	RRT (any)	Single use N95 or PAPR + Gown/Gloves + Face Shield/Goggles	Minimize in-room personnel + Close door / cell phone communication
	Code or Intubation		

Initial Respiratory Management		
Airway	Respirations	Management
Native	Spontaneous	O ₂ by nasal cannula or NRB
	Poor ventilation -or- No respirations -or- Persistent ↓SpO ₂	Bag ventilate Place viral filter (picture) Use 2 providers (mask + bag)
Trach	Trach collar -or- Ventilated	Follow trach card algorithm‡ If bag ventilation indicated Place viral filter (picture) Use 2 providers (mask + bag)
ETT	Ventilated	Use ventilator (adjust alarms) If unable to ventilate Place viral filter (picture) Bag ventilate

Notes	
†	Initial approach for non-PUI given: - Possible aerosolizing interventions (O ₂ mask, bag, CPR) - Possible reconsideration of COVID testing based on current retesting guidelines– all patients undergoing retesting necessitate provider PPE as per PUI guidelines
‡	Card posted on door/window of all tracheostomy patients

