Resuscitation Guidance for Suspected/Confirmed COVID 19

In Labor & Delivery and Neonatal ICU

NRP guideline will be followed when escalating care in L&D & NICU.
During admission, decisions to escalate care, such as intubation or CPAP initiation will be preceded by a Team Huddle (RN, RT & MD).
Note: HFNC ≥1Lpm/kg, NIPPV, SiPAP, intubation, extubation & manual ventilation are considered Aerosol Generating Procedure
Refer Link : Covid 19 Toolkit for Staff attendance & L&D transport

1 PPE APPLICATION	❖ Apply and remove applicable PPE per AAH system guidelines. ❖ This includes **PPE: Face shield /goggles, N95, cap, gloves & isolation gowns** ❖ Assign a PPE observer to guide through donning & doffing
2 PLANNING PRE-INTUBATION	❖ Phone, pagers, personal items are to remain outside ❖ Team huddle, checklist, time out & identify roles. Refer to page 2. ❖ Prepare medication and resuscitation equipment ❖ Minimize door opening ❖ Allow essential personnel in room only ❖ Identify mode of communication between inside and outside the room ❖ Don PPE with guidance from PPE observer
3 PRINCIPLES OF INTUBATION	❖ Intubator at the head if the bed ❖ Pause compression during intubation ❖ Routinely attach a bacterial/viral filter to resuscitation device per site availability ❖ Ensure proper mask seal to minimize aerosol ❖ Use cricoid pressure if appropriate
4 PREVENT CROSS CONTAMINATION	To avoid the spread of respiratory droplet: ❖ Perform AGP per the most current Covid 19 recommendations. ❖ Runner will *assure that the code cart remains outside of the room*. Applicable supplies will be handed by the runner. ❖ Consider additional necessary procedures while in the room (i.e. vascular access, chest tube & blood work) ❖ Pause ventilator prior to any disconnection to avoid pressurized respiratory droplets and condensate ❖ Identify roles for Emergency at the beginning of the shift: Provider, RN, RT, PPE Observer, RN Assist & Provider Assist
5 POST INTUBATION	❖ Disposal of handle/blades: single use and reusable follow current process ❖ Wipe down equipment prior to leaving room (MD)and again outside of room (PPE observer) ❖ Doff PPE with guidance from PPE observer ❖ Team debrief

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ROLES	BEDSIDE STAFF	OUTSIDE ASSIST

1) AIRWAY PROVIDER

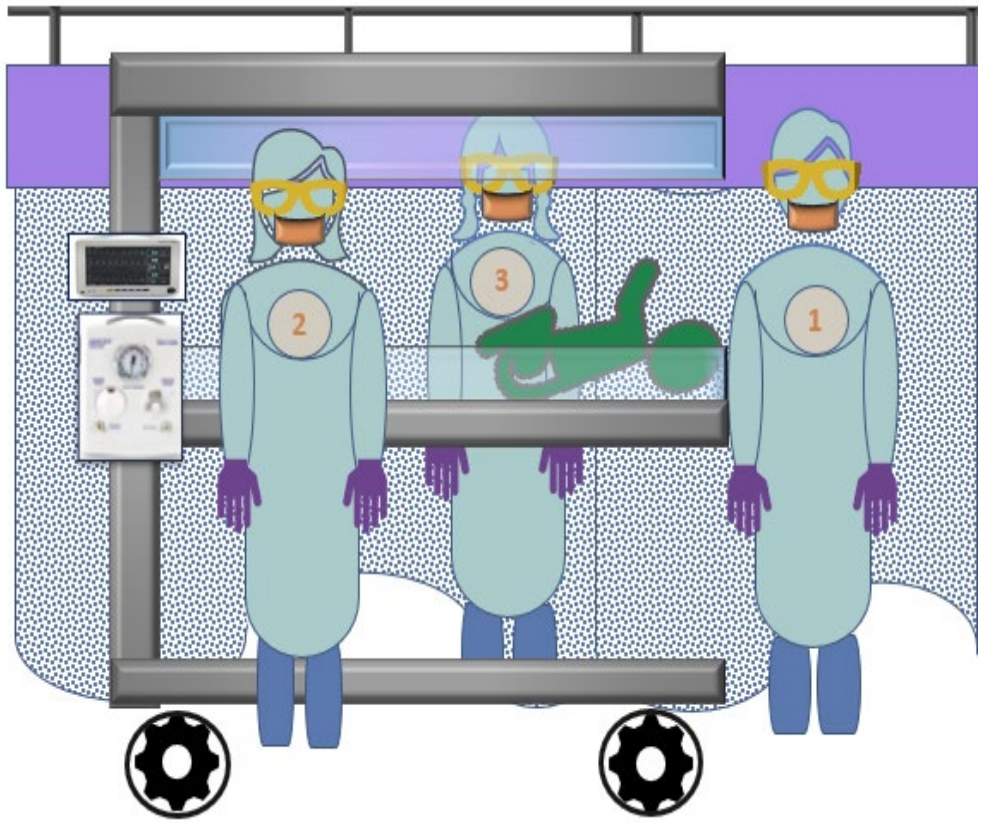
- Most experienced available
- Double gloves
- Shed outer gloves after intubation

2) REGISTERED NURSE

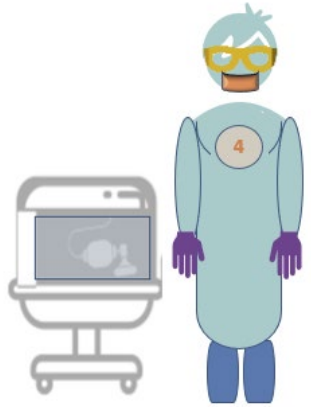
- Medication & monitor placement
- Application of assistive thermoregulation (i.e. NeoHelp)
- Chest compression

3) AIRWAY ASSIST

- Preparation of airway & suction devices
- Airway clearance-minimize bulb suctioning
- Manual or mechanical Ventilation
- Apply applicable filter to manual resuscitation device



Physical barrier if resuscitation is performed in the same room with mother > 6 ft away



4) RUNNER

- Observe PPE donning/doffing
- Assure transport isolette is ready & accessible
- Communicate to NICU Admission Team any need for additional assistance (i.e. medical code) & respiratory support device for admission
- Obtain additional medication & supplies

- Similar roles and staff placement will apply for intubation during NICU admission,
- Outside staff assist would be responsible for procuring the unit's crash cart.
- In the event of a medical code, 2 additional BEDSIDE staff will be identified: TEAM LEAD & secondary Registered Nurse for medication/compression.
- Recorder and additional staff assisting the medical code should remain outside of the room. LIMIT staff traffic and attendance.
- Resuscitation will follow NRP Guidelines.

External Reference & Photo Credit: Chandrasekaharan P, et al. Neonatal Resuscitation and Post resuscitation Care of Infants Born to Mothers with Suspected or Confirmed SARS-CoV-2 Infection . American Journal of Perinatology; March 30, 2020

Internal Reference Link: Pediatric Intubation & Medical Code