

COVID-19 Resuscitation Nursing Checklist

MEDICATIONS

- Norepinephrine Infusion (32 mcg/mL)
- Propofol Infusion
- Epinephrine Infusion
- Phenylephrine
- Rocuronium
- Ketamine
- Midazolam (2mg/mL)
- ARREST MEDICATION BOX

Intravenous Access:

- IV Start Kit x 3 (20G / 18G / 18G)
- 4 x Primary Lines
- IO Kit
- Normal Saline 1L x 2

CPR Equipment

- Transport Pak (Defibrillator)
- CPR Board
- Stool

COVID-19 ED Resuscitation Nursing Roles & Tips/Guidance

In the event of a patient arriving with suspected or confirmed CoVID-19 where:

- Anaesthesia is **unable to respond in a timely manner**
AND
- Patient requires immediate resuscitation requiring airway management or is in cardiac arrest, Airborne precautions should be taken

Patient should be triaged directly to a negative pressure room (STR-03 first, then 4,5,6) **via side door entrance beside decon shower room. PPE SHOULD BE PROPERLY DONNED BEFORE PROVIDING BEDSIDE CARE** per policy: [here](#)

Priorities:

- Minimize unnecessary exposure of staff to patient, minimize number of people at bedside
- Prioritize Staff safety over providing immediate intervention without proper PPE.

The Resuscitation Team will consist of the following:

ERP: (bedside)

- Leads resuscitation, communicates plan, Insertion of ETT or other advanced airway.
- ****PAUSE* and go through B.C. AIRWAY CHECKLIST before entering room***

RT: (bedside) Assist with setting up and managing Airway interventions, gathering all anticipated airway supplies (based on checklist + clinical judgement) and in collaboration with MD. Brings Airway box + intubating equipment.

Trauma RN: (bedside)

- Ensure patient is on full monitoring (SpO2, ECG, BP, EtCO2)
- 2 x Peripheral IV's
- Medication + Fluid Administration
- Anticipate transfer (Prep sling, transport monitor, etc.)

****ALL BEDSIDE STAFF (ERP, RT, Trauma RN) MUST DON FULL INTUBATING PPE per Anaesthesia guidelines****

Runner/Circulator RN: (outside)

- Circulates OUTSIDE negative pressure room in standard Airborne + Contact PPE (N95+yellow gown + eye protection+ bouffant)
- Runs any additional equipment to the room as needed through dirty doffing room (drop off items by sink, ensuring inside door is closed. After runner RN leaves doffing room, Bedside RN collects items from dirty doffing room)
- Ensures proper use of PPE, proper donning and doffing procedures, and crowd control.
- Documentation via Free text Note in Cerner as time allows

(tip: use disposable Sav-a-Day trays to transport equipment)

After procedure:

- Patient placed on mechanical ventilation if intubated
- **After 60 minutes:** Patient can be considered CONTACT + DROPLET isolation.
- Staff leaving bedside should exit through the DOFFING exit if ANTE room available one at a time. Perform hand hygiene, and appropriately remove PPE one person at a time. Bedside Staff (ERP, RT, Trauma RN) managing airway *during intubation* should shower after procedure. (refer to Anaesthesia PPE Guidelines.)
- *Pt should be expedited to ICU bed, unnecessary diagnostics and procedures should be deferred to minimize contact exposure of staff to patient. Ensure clear transfer of care to admitting service.*