

East Jefferson General Hospital
Metairie, LA 70006

Medical Staff Policy
Policy No.: MSO – 14
Page 1 of 1
Effective Date: 4/14/20
Approved by:

Reviewed:
Revised:

Roland Waguespack, III, MD
Chief of Staff

I. Purpose:

This policy clarifies changes to discussions regarding code status and medical management of Code Blue events in a COVID unit during COVID-19 emergency.

II. Staff Affected:

All Medical Staff and Advanced Practice Providers

III. Procedure:

This policy assumes no limitations to access of care and may be updated accordingly.

A) No staff will respond to a code unless wearing appropriate PPE consisting of N95, gown, face and eye protection, and gloves.

B) Coding during anesthesia induction will be treated as a usual code with full PPE for providers. Anesthesia can terminate the code for futility at any time based on their clinical judgement.

C) Patients who are intubated will not be taken off the ventilator during the code. This may require pausing of chest compressions and manual inspiration triggering by RT (button on the vent next to inspiratory hold) in order to deliver tidal volumes.

D) Patients with capacity for whom intubation is anticipated/ recommended and family of all patients intubated with COVID/PUI should have the following conversation with either the pulmonary or hospitalist team ASAP unless they have an existing code status for no CPR or DNR: With your loved one's current disease process, survival after intubation and life support is best estimated to be 50% or worse. It is not anticipated that performing CPR would improve his/her chances of survival. Additionally, performing CPR poses significant risk of spreading infection to his/her nurses, therapist and physicians who are right now working diligently around the clock to keep him/her alive. At this time, we strongly recommend against CPR for your loved one and if they sustain cardiac arrest while on life support would focus on comfort if this unfortunate situation arises. This DNR status does NOT change any other aspect of his/her care. It specifies what will be done if they die.

Please refer to Policy LEG-21, Cardiopulmonary resuscitation/DNR Status, with particular emphasis on Section V, A., 4.