

Stanford Children's Health - All Staff Huddle Topic

Topic: LPCH CPR Guidelines for Novel Coronavirus Operations

Summary/Overview Statement: Provide modification guidelines of existing AHA PALS Guidelines during the COVID-19 virus.

Why are we doing this?

The overlying principle is to continue to provide quick, safe, effective CPR for children with cardiac arrest. This will be balanced against the unfavorable risk/benefit to the staff when the underlying cause of the arrest event is refractory critical illness. This guideline applies only to patients who are SARS-CoV-2 positive.

Indications for CPR

1. CPR for unanticipated arrest should be provided as it is today (with the modifications listed below). Examples include patients with vagal-induced bradycardia or other arrhythmia from procedures or mechanical ventilation, arrhythmia in response to a procedure or treatment, acute hypoxic arrest from mucus plug, etc.
2. CPR will not be offered (i.e. a DNR order should be in place) for patients with critical illness refractory to maximal therapy for whom CPR would be a futile, or near futile, exercise and would not justify the risks to the care team. An example is a patient with worsening ARDS and hypoxia leading to eventual arrest. Since provision of futile medical care is not required (morally or ethically), a DNR order could be made on such a patient without parental consent. An ethics consult is recommended if the family disagrees

Modifications to the Code Team

1. The Code Leader will initially lead the resuscitation from the entry of a negative pressure room and will remain there if communication remains sufficient.
2. Those in the room who perform CPR will be dressed in full PPE and will consist of:
 - a. Two team members trained in chest compressions. They will trade the role of compressor every 2 minutes as per current AHA recommendations. These two team members should have enough strength to continue compressions for the entire resuscitation (however, two additional team members will be ready outside the room to respond if the compressors are no longer performing high quality CPR or to offer additional assistance with tasks if needed). The non-compressing team member will observe for and coach CPR quality, and assist with monitor/defibrillation (not needed as frequently in pediatric cardiac arrest as in adult arrest), pulse check, etc.
 - b. One RT will provide airway management and ventilation.
 - c. One RN will be responsible for medication administration and other tasks such as monitor/defibrillation assistance, IV access, retrieving medication from Pharmacy etc. (The pharmacist and code cart manager will remain outside the room and will provide medications, supplies and equipment to those in room as requested.)
 - d. Those full filling the usual roles of monitor/defibrillator, pharmacist, code cart manager, and recorder will not be in the room.
3. In summary, 4 staff members in full PPE will be in the patient room - 2 compressors, 1 RN, 1 RT. The code leader is outside of the room, unless effective communication requires his/her presence in the room in which case PPE must be worn. All other team members are outside of the room and are not required to wear PPE unless delegated as back up or replacement staff.