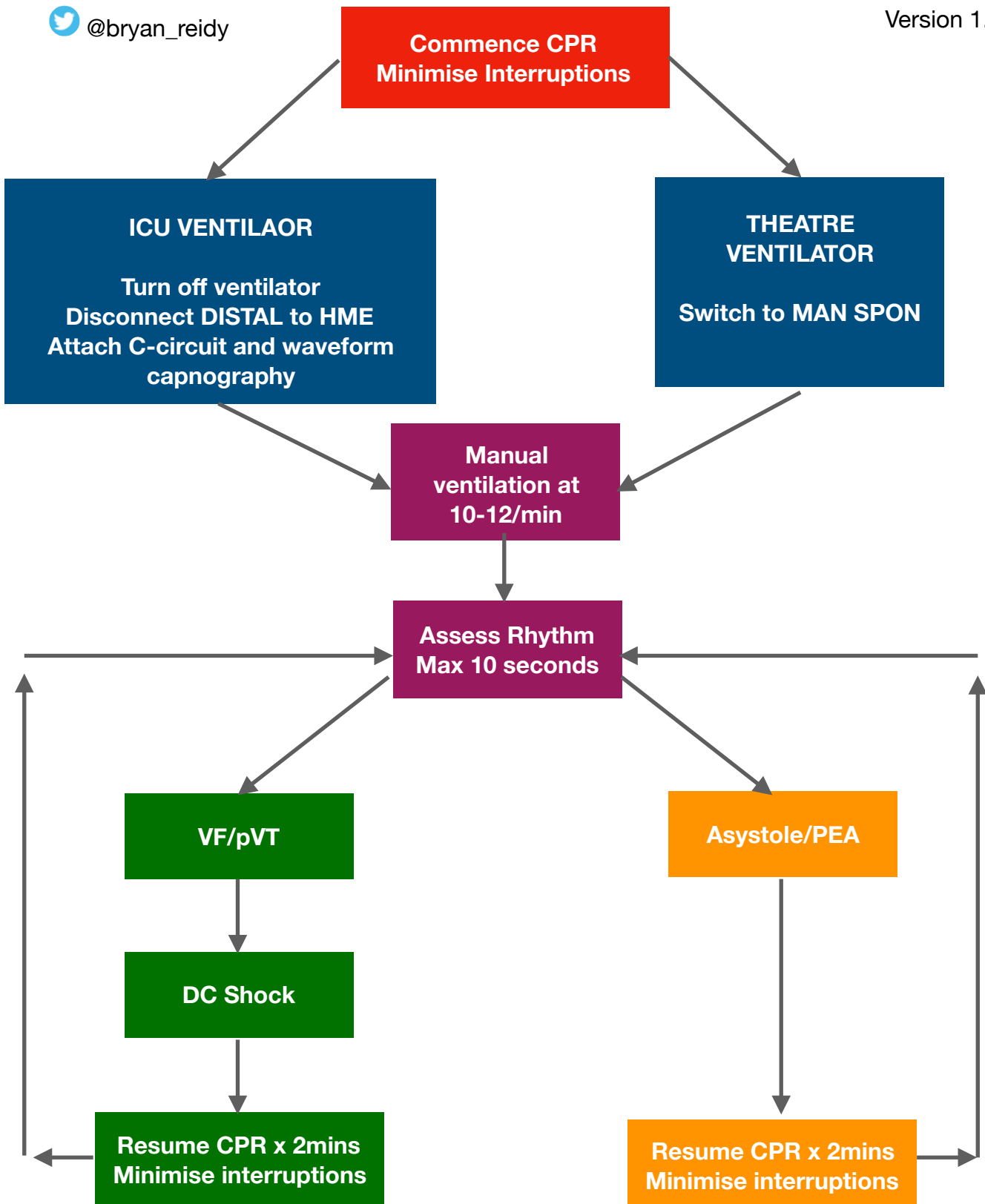


# MODIFIED ACLS - CRITICAL CARE



Ensure high quality CPR with minimal interruptions  
 Adrenaline 1mg every 3-5mins  
 Amiodarone 300mg after 3rd shock  
 Consider adrenaline infusion

Hypoxia	Thrombosis
Hypovolaemia	Tension PTX
Hypo/ Hyperkalaemia	Tamponade
Hypothermia	Toxins

**Inside the room**

1. Senior anaesthetist
2. Physician for iv access and airway assistance (may be anaesthetics or other)
3. ICU Nurse to administer medications and energy
4. Staff nurse to do CPR (1)
5. Staff nurse to do CPR (2) – First responder(s)

**In anteroom**

1. Staff nurse in PPE
- They should:
- provide support if someone has to leave the room
  - be ready to get whatever the team inside needs
  - facilitate communication
  - observe for breaches in protection
  - relieve personnel inside the room to minimise risk of safety breaches when fatigued

**Outside the room**

1. RUNNER (staff nurse) to assist with supply/ equipment

**Donning should be carried out quickly but meticulously**

If multiple individuals arrive at the same time, **priority for donning and entering the room should be given to senior anaesthetist and ICU nurse**

Members of the team initially staying outside the room (e.g., back-up staff nurse and runner), should **help with donning (e.g. tie gowns) and assessing for breaches**

1. Put personal items (stethoscope, jewellery, clipboard, watch, pagers) in specific bag available in COVID-19 tool bag
2. Don PPE as per guidelines for aerosolized procedures
3. Have member of the code blue team special to assess for breaches prior to entering room

**INSIDE THE ROOM / DURING THE CODE**

- First responder continues to provide CPR
- First two to enter the room: senior anaesthetist and the ICU nurse with arrest cart (unless already inside the room), unless others already present and properly protected
- ICU nurse immediately connects patient to defibrillator for rhythm analysis if not done already
- Defibrillate if indicated
- No equipment can leave the room until the end of the arrest and without appropriate handling

**BEFORE LEAVING THE ROOM.**

- **Plan transport** if needed. Team members who will be in contact with the patient during transport must then put on new, clean PPEs prior to transport.
- All **non-disposable equipment must be wiped, placed into a clear biohazard bag** in the room and tied
- **Disposable equipment must be discarded**
- **Put arrest record** into sleeve sheet and wipe it

**•DOFFING**

~**DO NOT RUSH.**

~**Anyone who is** unwell, has had equipment failure, or likely self-contaminated is the first to doff and exit

~**Use doffing guidelines**