**Anaesthetic Guidelines for Paediatric Resuscitation by 2222 Team during COVID 19 Pandemic: CEAU/Seahorse**

\*Protect yourself first: DO NOT start CPR until you have got full FP3 precautions in place\*

FOR ALL PAEDIATRIC ARRESTS – CARDIAC and RESPIRATORY

**2222 Team Members:**

**Inside cubicle:**

Team Leader

Consultant Paediatric Anaesthetist (24 hours via bleep 5375)

ODP/Anaesthetic assistant (bleep 5872 in hours) \*may be PICU/ED nurse out of hours if MERIT team unavailable

Second Doctor (access & drugs)

Person to perform cardiac compressions

Nurse for monitoring & other tasks

**Therefore minimum number of 6 people in cubicle in full PPE**

**Outside cubicle:**

Runner (in full PPE on standby)

2x nurses for drugs, fluids etc in standard PPE

Scribe/Timer

**On receipt of 2222 call:** Consultant Paediatric Anaesthetist to don Full PPE at CHfW Theatre Donning Station prior to proceeding to arrest. Out of hours there may not be a “Buddy” to assist therefore a PPE check with another staff member **must** be performed prior to entering the area.

**Write name and role on sticker and attach to front of gown**

**Assess Patient:** On arrival at the patient’s bedside DO NOT listen or feel for breathing, simply look for chest movement and other signs of life.

**Confirm Cardiac Arrest:** Ensure one team member performing Compression only CPR in full PPE. If started by staff member without full PPE they should be advised to leave the area immediately.

**Resuscitation to proceed as per usual APLS algorithm for shockable/non-shockable rhythm.** Staff working outside the area (e.g. preparing drugs) can wear surgical masks/apron/gloves unless running blood gas when needs to be in full PPE.

**Parents** should be advised to leave the area whilst CPR/aerosolising procedures are ongoing but this should be reviewed regularly on an individual case basis.

**Scribe** is required but should be outside the room with Walkie-Talkie communication (once sourced)

**Additional information:**

**\*Minimal equipment to go into the cubicle\***

* Walkie Talkie in clear ziplock bag to be used for communication between cubicle and outside by Team Leader
* Airway trolley will remain outside the cubicle with the correct sized equipment taken in on a trolley
* Single use cannulation packs are available outside the cubicle
* Low threshold for 2 person bag/mask ventilation to improve seal and reduce leak
* Type of laryngoscope used should be the choice of the anaesthetist for that child at that time (direct or videolaryngoscope)
* Do not place suction under pillow without putting the end inside a glove to catch any secretions
* All team members to step away from bed during intubation apart from anaesthetists and assistant
* Once tracheal tube is inserted do not restart compressions until either clamped or attached to breathing circuit
* Any disconnections of breathing circuit should be minimised (e.g. by use of inline suction) and tracheal tube **MUST be clamped with a Sully Clamp (chest drain clamp) prior to disconnection**
* A yellow HMEF **must be used in circuit at all times.** A second one may be placed at the ventilator end prior to use as per adult guidelines
* **Oxylog** transport ventilator must be sourced from PICU. The anaesthetic machine in the cubicle can be used for ventilation whilst this is awaited
* Equipment from outside can be placed into a tray inside the cubicle by the clean runner from outside. This can be easily cleaned afterwards. Blood samples may be passed the other way and double bagged then sent to the lab via the pod system with a “high risk” sticker on; the person receiving these can wear standard PPE and wash hands afterwards. Blood gases require full PPE to be worn during processing.
* “Clean” team outside cubicle can prepare equipment and drugs for transfer as per list provided by anaesthetics