**Anaesthetic Guidelines for Paediatric Resuscitation by 2222 Team during COVID 19 Pandemic: Island Ward**

\*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 for ward:**

Consultant Paediatric Anaesthetist (24 hours via bleep 5375)

2 Consultant Paediatricians (daytime only)

1 Senior Paediatric Trainee (Registrar level, 2 at night)

1 Junior Paediatric Trainee (SHO level, 2 at night)

1 Advanced Nurse Practitioner (ANP)

**On receipt of 2222 call:** Don Full PPE on CHfW Theatre Donning Station (the examination room round behind Theatre Reception) prior to proceeding to arrest. Out of hours there may not be a “Buddy” to assist you therefore you **must** perform a PPE check with another staff member to be cleared to enter the area.

**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.

**Team leader to assign roles:**

1. One team leader
2. Most senior member of anaesthetic staff to intubate with assistance of ODP (if available)
3. One member of staff to insert IO and then move to role of drugs and assisting anaesthetist (2nd doctor)
4. One member of staff doing chest compressions
5. One nurse to apply monitoring and hand out equipment required
6. One runner **outside area in full PPE** to collect and pass through equipment/drugs required by team inside using a tray which can be easily cleaned

**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 for Airway Management:**

* If no ODP available then consider PICU nurse assistance
* 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**
* HMEF **must be used in circuit at all times.** A second one may be placed at the Oxylog end prior to use as per adult guidelines.