

# Riley NICU COVID-19 Process Flow Checklist

<p>The following applies: Riley NICU Team assigned for COVID-19 and COVID-19 PUI patients will be named <b>C-Team</b>          The COVID-19 supply cart will be labelled <b>C-Cart</b>          Location: Single patient room in the NICU on the far West side          Advice: Anticipates needs as much as possible before you enter patient's room</p>		
	Details:	Responsible for:
Prior to patient's arrival in the NICU		
Review history with team		Attending/Fellow
Decide <b>C-Team members</b> for patient for shift	1 MD + 1 APP + 1 RN + 1 RT  Backup Team: Charge RN, Charge RT, APP/Fellow, +/- additional RN	Attending
Place C-Cart with supplies at the door	Gowns Chemo Gloves Surgical masks Face shields N95 masks/PAPRs (use only for aerosol generating procedures)	Charge RN
Verify C-Cart supplies on admission then q shift, more frequently when consultant/invasive procedures are anticipated		Shift coordinator/Charge nurse
Have separate empty cart for "Brown bags" where re-used equipment is stored		
Review "Donning & Doffing PPE" videos or training documents if needed	Available in Riley NICU PAC in BOX (box.iu.edu)	All C-Team members and backup members
Place "Donning PPE" laminated sheets on the outside front of the glass door		Charge nurse
Place "Doffing PPE" laminated sheets on the inside front of the glass door		Charge nurse
Predict required labs and notify patient's RN		Providers, charge RN
Nurse to prepare tubes needed		Nurse
If intubation is likely needed, review Intubation checklist and process		All C-Team members
RT to prepare equipment, instruments needed		Charge RT
Following precautions apply: <ul style="list-style-type: none"> <li>• <b>Enhanced Droplet Precautions</b> - protective equipment:             <ul style="list-style-type: none"> <li>• Non-sterile chemo gloves</li> <li>• Gown</li> </ul> </li> </ul>		Attending to advise when rule changes from Enhanced Droplet to Airborne Precautions

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<ul style="list-style-type: none"> <li>• Standard procedural face mask</li> <li>• Face shield (mandatory even if you wear glasses)</li> <li>• <b>Airborne Precautions</b> – protective equipment:             <ul style="list-style-type: none"> <li>• N95 mask with face shield or PAPR</li> <li>• Non-sterile chemo gloves</li> <li>• Gown</li> </ul> </li> </ul> <p><b>Airborne precautions ALWAYS to be taken if there is risk for aerosol generating procedure:</b> intubation, extubation, PPV, CPR, High Frequency Ventilation, BiPAP, CPAP, High Flow Nasal Cannula ≥3 LPM, bronchoscopy, tracheostomy, open suctioning, nebulizer treatments</p>		
<p>Avoid nebulizing medications if patient is not intubated if at all possible when making management plans</p>		
<p>Communication routes between C-Team members inside the room and backup people outside the room</p>		
<p>Vocera to individual team member</p>		<p>C Team member inside the room, backup person outside the room</p>
<p>Team, be cognizant of the fact that parents in adjacent rooms can hear these conversations; please close adjacent patient rooms when communicating highly sensitive information</p>		
<p>Patient arrives ..... Patient door to remain closed at all times</p>		
<p>Transport Team brings patient in</p>		
<p>C-Team ready for receiving infant</p>	<ul style="list-style-type: none"> <li>• 1 backup person to place orders in computer</li> <li>• At least 1 backup person responsible for providing and asking for more help, if needed</li> </ul>	<p>All C-Team members At least 2 backup members</p>
<p>One Transport Team member doffs PPE to give report</p>		<p>TT</p>
<p>Team RN and RT dons PPE and go in (RN takes lab tubes with her)</p>	<p>PPE Put on appropriate mask (N95 for aerosol generating procedures, surgical mask for routine patient care)</p>	<p>RN</p>
<p>Communication route as in “Communication” section above</p>		<p>C Team Lead</p>
<p>Report given</p>		<p>TT-C Team</p>

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Second Transport Team person cleans isolette and equipment that leaves room		TT
Second Transport Team person doffs PPE		TT
Prior to entry in patient's room		
Make decision on Communication route prior to entering the room		
Review checklists that you think you may need to use for the patient (e.g. Intubation checklist, etc); ask to have lists you may need hang outside of the glass window; prepare as much as you can prior to entering patient's room		MD, APP, RN, RT
Backup Team ready to help C-Team		Back-up Team
Follow instructions on laminated sheets outside the room when placing PPE	Sanitize hands Put on gown Sanitize hands Put on appropriate mask (N95 for aerosol generating procedures, surgical mask for routine patient care) Sanitize hands Put on face shield Sanitize hands Put on chemo gloves Chemo gloves to cover gown sleeves by at least 1.5 inches Change chemo gloves when soiled <b>If you re-use PPE equipment (N95 mask, face-shield, etc), follow the instructions on the laminated sheets placed on the front glass of the patient room</b>	C-Team members
Sign outside the door that states "N95+faceshield/PAPR for all entry" if the patient is on CPAP or HFNC >3L, "surgical mask + face shield AND N95+ face shield/PAPR for only aerosolized procedure" for patients on < 3L HFNC or already intubated on conventional ventilation		RN
Have "Intubation bag" ready to take in if needed; verify contents		RT

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Pull stand with tray outside the door if team anticipates supplies will be needed inside (to avoid direct glove-to-glove contact between C-Team and back-up team)	To avoid direct glove-to-glove contact between C-Team and back-up team	RN
Team members in to assess patient ..... Patient door to remain closed at all times		
Warmer located at least 6 feet from door		RN
Standard monitoring		RN
<p>If stethoscope is used the following steps apply:</p> <ul style="list-style-type: none"> <li>• Sanitize chemo gloves; keep them on</li> <li>• <u>Triple glove</u> with clean gloves</li> <li>▪ Take stethoscope and clean with wipe</li> <li>▪ Discard wipe and discard one pair of gloves</li> <li>▪ Place stethoscopes' earpieces in; do not touch face or face-shield</li> <li>▪ Listen to patient; leave earpiece in</li> <li>▪ When all done with the stethoscope, discard another pair of gloves</li> <li>▪ Take the stethoscope by the eartubes, try not to touch face or face-shield; remove stethoscope gently</li> <li>▪ Clean stethoscope with sanitizing wipe</li> <li>▪ Return stethoscope for next use</li> <li>▪ Remove third pair of standard gloves</li> <li>▪ Sanitize chemo gloves; continue to use them</li> </ul>		All C Team members
RN to extra glove touching iv, med administration, before changing diaper		RN
Feeds: fresh breast milk will be stored in the fridge in patient's room; if caregiver brings too much milk, will be advised to take the surplus home	Wipe the bottle(s) with purple top PDI wipe before taking it to the milk lab- it can be stored the same way other milk is stored; please follow current process and label appropriately	RN
Bathing	If infant was not bathed, bathe infant as soon as feasible	RN
Intubation checklist		
Know patient's IV access		C Team members
<p>Instruments</p> <p>Ventilator <u>checked</u>; if patient is intubated the ventilator will have a pedicap;</p> <p>Pall filter will be place on the expiratory limb</p>		RT

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Suction <u>checked</u> <u>Ambubag with curaplex (green and white) filter</u> ; Ensure filter between face mask and ETCO2 LMA available with backup RT outside room		
Intubation bag	-taping supplies (tape, cheek pads, mastisol, lollipops, tegaderm) -suture kit (scissors) -clamp -gauze -suction catheters for intubation (8fr and 10fr) -beebonker -Stylet -Pedicap -handle for laryngoscope (we will add blade once we know baby size) - ETT size appropriately and one size smaller (if able please use cuffed ETT) -inline suction catheter	RT
Drugs for RSI (for opioid/sedatives and paralytic meds have 1 set in 2 sets outside, ready to be handed or returned to pixes if not used) <ul style="list-style-type: none"> <li>• Atropine</li> <li>• Fentanyl</li> <li>• Rocuronium</li> </ul>	Use doses recommended in the patient's Code sheet	
C. Mac readily available, bring inside patient room only at request	Handle for laryngoscope Add blade once we know baby size	
Plan for RSI if possible to avoid BMV		C-Team intubation lead
Pre-assign person who will use stethoscope		C-Team intubation lead
Pre-assign backup Attending/APP		Backup Team on stand-by
Intubation process – only essential 3-member C-Team (Attending/designee + RN + RT) in the room		
Preoxygenate with 100% O2 to avoid manual ventilation		

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Use Ambubag if needed, but try to avoid if possible with preventative measures (remove HFNC or CPAP prongs right prior to placing laryngoscope blade in patient's mouth)		
Intubate and confirm – Pedicap, examination of the chest, +/- stethoscope.		
Inflate the ETT cuff BEFORE PULLING THE STYLET		
Clamp the ETT with gauze before disconnecting from bag and connecting to ventilator		
Start MV – use inline suction, try not to disconnect from ventilator		
If cuffed ETT is used, apply MINIMAL LEAK TECHNIQUE (mandatory check prior to leaving the room)		
Wipe down the surfaces and non-disposable items with disinfectant wipes		
Team members leave room ..... Patient door to remain closed at all times		
Proper Doffing PPE with help from a watchful partner	Look at laminated sheets on the glass wall as you doff PPE!	
All equipment that leaves room is appropriately cleaned and moved to pre-specified location		
Extubation process - only essential C-Team members (2 RT + RN ± APP/attending) in the room		
Standard emergency supplies available	Intubation bag readily available in case reintubation is necessary	RT
Appropriate personnel at bedside with appropriate equipment at bedside	Ensure working Vocera for communication with members outside the room	
Aspirate gastric content		RN
Suction nares		RN
Just before pulling ETT, suction mouth and ETT and all patient to recover prior to pull		RN
Gently unwrap baby and/or remove blankets and positioning devices in order to check for WOB and auscultation and to avoid chest wall restriction.	Maintain thermoregulation while patient is undressed	RN
Turn QRS to a low but audible level, raise HOB and/or gently raise baby to at least semi-fowler positioning (30-45 degree angle) for ETT pull		RN

## Riley NICU COVID-19 Process Flow Checklist

Place support interface prior to extubation; for example: CPAP hat and prongs fully on and ready for initiation of flow with ETT pull, HHNC prongs on, ETC	Do not increase flow to full support level until during/immediately before pull of ETT to prevent gastric and bowel distension	RT
Gently release the tape from patient's cheeks		RT
Deflate ETT cuff while patient connected to the ventilator		RT
Extubate patient		RT
Do assure flow to post extubation support device is on at appropriate level, appropriate FiO2 and temperature		
Continue to assure optimal positioning throughout the immediate post extubation period.		