

Nursing Frequently Asked Questions: Protected Code Blue

CAMH has published a Protected Code Blue Guideline that should be used by clinical teams during this time. These guidelines were based on current evidence on responding to medical emergencies while mitigating the risk of aerosolization that can occur with certain interventions such as resuscitation, high flow oxygen therapy. We have tried to answer the questions that nurses have raised below.

What is the difference between high flow versus low flow oxygen therapy?

High flow systems are specific devices that deliver the client/patient's entire ventilatory demand, meeting, or exceeding the clients/patient's Peak Inspiratory Flow Rate (PIFR), thereby providing an accurate fraction of inspired oxygen (FiO₂). Where the total flow delivered to the client/patient meets or exceeds their PIFR the FiO₂ delivered to the client/patient will be accurate. High flow is approved in approved areas only. **Low flow** systems are specific devices that do not provide the client/patient's entire ventilatory requirements; room air is entrained with the oxygen, diluting the FiO₂.

In terms of Protected Code Blue, use of nasal prongs for O₂ at 0-5L/min is considered both LOW flow and NON AERSOLIZING. All oxygen modalities should be placed with a surgical mask on top.

Can I apply oxygen therapy in code blue/emergency situations as per Medical Directive PC3.15.5 Initiation and Titration of Oxygen Therapy?

No. Administering oxygen is a controlled act and requires an order from a physician or nurse practitioner. Since the medical directive was inconsistent with the Protected Code Blue Guideline it has been archived and removed. Therefore RNs and RPNs no longer have a medical directive to apply oxygen in emergency situations. As per the Protected Code Blue Guideline only a physician or nurse practitioner will be managing a client's airway and administering any oxygen required.

Why can't I use the ambubag or suction the client?

As per the Protected Code Blue Guideline in order to minimize aerosolization, interventions such as oral or nasal suctioning should not be performed. This is due to the risk of airborne transmission that can result from procedures/treatments that generate aerosols. Only the MD or NP will be managing the airway, such as administering oxygen.

I am concerned that I am not able to do enough as an RN/RPN to help my client in a code blue situation?

The Protected Code Blue Guideline highlights the role that nurses can play in responding to a code blue/medical emergency situation. These include taking vital signs, positioning the client, providing reassurance to the client, performing compressions/abdominal thrusts as appropriate, providing and administering medications to name a few interventions.