MEETS EXCLUSION CRITERIA	BLUE: THIRD PRIORITY See Note 3	YELLOW: SECOND PRIORITY See Note 2	RED: FIRST PRIORITY See Note 1	No Vent needed		Color Code Vent Priority
<b>NO VENTILATOR ALLOCATED</b> unless <b>NO</b> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest wit age-specific hypotension unresponsive to fluid resuscitation and vasopressor the even with unlimited aggressive therapy; 8. Any other conditions resulting in imme	<ul> <li>Initial SOFA 12-24</li> <li>Multi-organ failure</li> <li>Ventilator allocated ONLY if no RED or YELLOW waiting.</li> <li>If ventilator allocated, may be up for reallocation at any point.</li> </ul>	<ul> <li>Initial SOFA 8-11</li> <li>Severe organ insufficiency</li> <li>Ventilator allocated if there are BLUE on ventilator (See Note 5)</li> <li>If ventilator allocated, must be given a reasonable trial of intubation.</li> </ul>	<ul> <li>Initial SOFA 1-7 or SINGLE ORGAN FAILURE</li> <li>Some organ insufficiency</li> <li>If ventilator allocated, must be given a reasonable trial of intubation.</li> </ul>	NO VENTILATOR ALLOCATED, or healthy enough for extubation <ul> <li>No organ insufficiency</li> </ul>	DNR/DNI, ADVANCE DIRECTIVE, NO VENTILATOR ALLOCATED	Initial Assessment SOFA SCORE #1
<b>NO VENTILATOR ALLOCATED</b> unless <b>NO</b> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to st age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; 6. Traumatic brain injury with no motor response to painfu even with unlimited aggressive therapy; 8. Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy	<ul> <li>SOFA 0-7, becomes Red</li> <li>SOFA 8-11 becomes Yellow</li> <li>SOFA 12-24 remains Blue</li> </ul>	<ul> <li>SOFA 0-7, becomes Red</li> <li>SOFA 8-11 remains Yellow</li> <li>SOFA 12-24 becomes Blue</li> </ul>	<ul> <li>SOFA 0-7, remains Red</li> <li>SOFA 8-11 becomes Yellow</li> <li>SOFA 12-24 becomes Blue</li> </ul>	y enough for extubation.	ITLATOR ALLOCATED	Reassessment #1 120 hours/5 days SOFA SCORE #2
<b>NO VENTILATOR ALLOCATED</b> unless <b>NO</b> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to standard interventions and measures; 4. Trauma related arrest; 5. Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; 6. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited aggressive therapy; 8. Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy	<ul> <li>If significant improvement to SOFA 0-7, upgraded to RED and keeps ventilator</li> <li>If improved to SOFA 8-11, upgraded to YELLOW and keeps ventilator if no RED waiting.</li> <li>If no improvement, remains BLUE and loses ventilator if RED or YELLOW waiting</li> </ul>	<ul> <li>If significant improvement (≥1 SOFA points), upgraded to RED and keeps ventilator.</li> <li>If no improvement or worsens, downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> </ul>	<ul> <li>If significant improvement (≥1 SOFA points), remains RED.</li> <li>If no significant improvement and SOFA ≤ 7 then downgraded <i>to</i> YELLOW, loses ventilator if RED IS waiting</li> <li>If worsens and SOFA≥ 8, then downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> <li>See Note 4</li> </ul>			Reassessment #2 168hours/7 days SOFA SCORE #3
and measures; 4. Trauma related arrest; 5. Irreversible rums where the expectation of survival is less than 10%	<ul> <li>If significant improvement to SOFA 0-7, upgraded to RED and keeps ventilator</li> <li>If improved to SOFA 8-11, upgraded to YELLOW and keeps ventilator if no RED waiting.</li> <li>If no improvement, remains BLUE and loses ventilator if RED or YELLOW waiting</li> </ul>	<ul> <li>If significant improvement (≥ 1 SOFA points), upgraded to RED and keeps ventilator.</li> <li>If no improvement or worsens, downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> </ul>	<ul> <li>If significant improvement (≥1 SOFA points), remains RED.</li> <li>If no significant improvement and SOFA ≤ 7 then downgraded to YELLOW, loses ventilator if RED IS waiting</li> <li>If worsens and SOFA≥ 8, then downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> <li>See Note 4</li> </ul>			Reassessment #3 216 hours/9 days SOFA SCORE #4

General principle: At each reassessment point, if no sufficient improvement, downgraded in color
 Whenever a group of people is eligible either to receive a ventilator or to be removed from a ventilator, a random process will be used to determine who should either receive or be removed.

Color Code Vent Priority	Initial Assessment SOFA SCORE #1
	DNR/DNI, ADVANCE DIRECTIVE, NO VENTILATOR ALLOCATED
NO VENT NEEDED	<ul> <li>NO VENTILATOR ALLOCATED, or healthy enough for extubation.</li> <li>No organ insufficiency</li> </ul>
<b>RED: FIRST PRIORITY</b> A patient who is intubated for airway protection <u>without</u> <u>organ failure</u> is designated as RED. Once assigned a ventilator, RED patients keep the ventilator as long as they remain RED.	<ul> <li>Initial SOFA 1-7 or SINGLE ORGAN FAILURE</li> <li>Some organ insufficiency</li> <li>If ventilator allocated, must be given a reasonable trial of intubation.</li> </ul>
YELLOW: SECOND PRIORITY YELLOW patients are allowed a <u>fair trial of intubation</u> , until the first assessment at 120 hours. Once assigned a ventilator, they keep it until the next assessment. But after each assessment, any patient designated YELLOW can be displaced by a new RED patient during the first 12 hours after their assessment. After that point, they will remain on the ventilator until their next formal assessment.	<ul> <li>Initial SOFA 8-11</li> <li>Severe organ insufficiency</li> <li>Ventilator allocated if there are BLUE on ventilator (See Note 5)</li> <li>If ventilator allocated, must be given a reasonable trial of intubation.</li> </ul>
<b>BLUE:</b> <b>THIRD PRIORITY</b> BLUE patients may receive ventilators if they are available. However, they are always subject to reallocation. Any new RED or YELLOW patient needing a ventilator takes priority.	<ul> <li>Initial SOFA 12-24</li> <li>Multi-organ failure</li> <li>Ventilator allocated ONLY if no RED or YELLOW waiting.</li> <li>If ventilator allocated, may be up for reallocation at any point</li> </ul>
	EETS EXCLUSION CRITERIA         NO VENTILATOR ALLOCATED unless NO blue, yellow, or red patients waiting           Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to standard           interventions and measures; 4. Trauma related arrest; 5. Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy;           6. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited           9. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even

General principle: At each reassessment point, if not sufficient improvement, downgraded in color
 Whenever a group of people is eligible either to receive a ventilator or to be removed from a ventilator, a random process will be used to determine designation.

Color Code Vent Priority	REASSESSMENT #1: 120 hours (5 days) SOFA SCORE #2
	DNR/DNI, ADVANCE DIRECTIVE, NO VENTILATOR ALLOCATED
NO VENT NEEDED	NO VENTILA TOR ALLOCATED, or healthy enough for extubation. <ul> <li>No organ insufficiency</li> </ul>
RED: FIRST PRIORITY	SOFA 0-7, REMAINS Red
A patient who is intubated for ainway protection <u>without</u> organ failure is designated as RED. Once assigned a	SOFA 8-11 BECOMES Yellow     SOFA 12-24 BECOMES Blue
ventilator, RED patients keep the ventilator as long as they remain RED.	
YELLOW: SECOND PRIORITY	SOFA 0-7, BECOMES Red     SOFA 8-11 REMAINS Yellow
YELLOW patients are allowed a fair trial of intubation, until the first assessment at 120 hours. Once assigned a ventilator, they keep it until the next assessment. But after each assessment, any patient designated YELLOW can be displaced by a new RED patient during the first 12 hours after their assessment. After that point, they will remain on the ventilator until their next formal assessment.	• SOFA 12:24 BECOMES Blue
BLUE: THIRD PRIORITY	SOFA 0-7, BECOMES Red     SOFA 8-11 BECOMES Yellow
BLUE patients may receive ventilators if they are available. However, they are always subject to reallocation. Any new RED or YELLOW patient needing a ventilator takes priority.	SOFA 12-24 REMAINS Blue
MEETS EXCLUSION CRITERIA	<b>NO VENTILATOR ALLOCATED</b> unless <u>NO</u> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to standard interventions and measures; 4. Trauma related arrest; 5. Inreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; 6. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited aggressive therapy; 8. Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy

General principle: At each reassessment point, if not sufficient improvement, downgraded in color
 Whenever a group of people is eligible either to receive a ventilator or to be removed from a ventilator, a random process will be used to determine designation.

Color Code Vent Priority	REASSESSMENT #2 168 hours (7 days) SOFA SCORE #3
	DNR/DNI, ADVANCE DIRECTIVE, NO VENTILATOR ALLOCATED
NO VENT NEEDED	<ul> <li>NO VENTILATOR ALLOCATED, or healthy enough for extubation.</li> <li>No organ insufficiency</li> </ul>
<b>RED: FIRST PRIORITY</b> A patient who is intubated for alway protection <u>without</u> <u>organ failure</u> is designated as RED. Once assigned a ventilator, RED patients keep the ventilator as long as they remain RED.	<ul> <li>If significant improvement (≥1 SOFA points), remains RED.</li> <li>If no significant improvement and SOFA ≤ 7 then downgraded to YELLOW, loses ventilator if RED IS waiting</li> <li>If worsens and SOFA≥ 8, then downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> <li>See Note 4</li> </ul>
YELLOW: SECOND PRIORITY	<ul> <li>If significant improvement (≥1 SOFA points), upgraded to RED and keeps ventilator.</li> </ul>
<b>YELLOW</b> patients are allowed a <b>fair trial of intubation</b> , until the first assessment at 120 hours. Once assigned a ventilator, they keep it until the next assessment. But after each assessment, any patient designated YELLOW can be displaced by a new RED patient during the first 12 hours after their assessment. After that point, they will remain on the ventilator until their next formal assessment.	<ul> <li>If no improvement or worsens, downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> </ul>
<b>BLUE:</b> <b>THIRD PRIORITY</b> BLUE patients may receive ventilators if they are available. However, they are always subject to reallocation. Any new RED or YELLOW patient needing a ventilator takes priority.	<ul> <li>If significant improvement to SOFA 0-7, upgraded to RED and keeps ventilator</li> <li>If improved to SOFA 8-11, upgraded to YELLOW and keeps ventilator if no RED waiting.</li> <li>If no improvement or worsens, remains BLUE and loses ventilator if RED or YELLOW waiting</li> </ul>
MEETS EXCLUSION CRITERIA	<b>NO VENTILATOR ALLOCATED</b> unless <u>NO</u> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to standard interventions and measures; 4. Trauma related arrest; 5. Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; 6. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited aggressive therapy; 8. Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy
<ul> <li>General principle: At each reassessment point, in</li> </ul>	General principle: At each reassessment point, if not sufficient improvement, downgraded in color

- General principle: At each reassessment point, if not sufficient improvement, downgraded in color
   Whenever a group of people is eligible either to receive a ventilator or to be removed from a ventilator, a random process will be used to determine designation.

Color Code Vent Priority	REASSESSMENT #3 216 hours (9 days) and every 48 hours after SOFA SCORE #4 and beyond
	DNR/DNI, ADVANCE DIRECTIVE, NO VENTILATOR ALLOCATED
NO VENT NEEDED	<ul> <li>NO VENTILATOR ALLOCATED, or healthy enough for extubation.</li> <li>No organ insufficiency</li> </ul>
<b>RED: FIRST PRIORITY</b> A patient who is intubated for airway protection <u>without</u> <u>organ failure</u> is designated as RED Once assigned a ventilator, RED patients keep the ventilator as long as they remain RED.	<ul> <li>If significant improvement (≥1 SOFA points), remains RED.</li> <li>If no significant improvement and SOFA ≤ 7 then downgraded <i>to</i> YELLOW, loses ventilator if RED IS waiting</li> <li>If worsens and SOFA≥ 8, then downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> <li>See Note 4</li> </ul>
YELLOW: SECOND PRIORITY	<ul> <li>If significant improvement (≥ 1 SOFA points), upgraded to RED and keeps ventilator.</li> </ul>
<b>YELLOW</b> patients are allowed a <b>fair trial of intubation</b> , until the first assessment at 120 hours. Once assigned a ventilator, they keep it until the next assessment. But after each assessment, any patient designated YELLOW can be displaced by a new RED patient during the first 12 hours after their assessment. After that point, they will remain on the ventilator until their next formal assessment.	<ul> <li>If no improvement or worsens, downgraded to BLUE, loses ventilator if RED or YELLOW waiting.</li> </ul>
<b>BLUE:</b> <b>THIRD PRIORITY</b> BLUE patients may receive ventilators if they are available. However, they are always subject to reallocation. Any new RED or YELLOW patient needing a ventilator takes priority.	<ul> <li>If significant improvement to SOFA 0-7, upgraded to RED and keeps ventilator</li> <li>If improved to SOFA 8-11, upgraded to YELLOW and keeps ventilator if no RED waiting.</li> <li>If no improvement, remains BLUE and loses ventilator if READ or YELLOW waiting</li> </ul>
MEETS EXCLUSION CRITERIA	<b>NO VENTILATOR ALLOCATED</b> unless <u>NO</u> blue, yellow, or red patients waiting Exclusion Criteria: 1. Unwitnessed cardiac arrest; 2. Recurrent cardiac arrest without hemodynamic stability; 3. Cardiac arrest unresponsive to standard interventions and measures; 4. Trauma related arrest; 5. Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy; 6. Traumatic brain injury with no motor response to painful stimulus; 7. Severe burns where the expectation of survival is less than 10% even with unlimited aggressive therapy; 8. Any other conditions resulting in immediate or near-immediate mortality even with aggressive therapy
<ul> <li>General principle: At each reassessment point, if not sufficient improvement, downgraded in color</li> </ul>	if not sufficient improvement, downgraded in color

• Whenever a group of people is eligible either to receive a ventilator or to be removed from a ventilator, a random process will be used to determine designation.

## Notes

- A patient who is intubated for airway protection without organ failure is designated as RED. Once assigned a ventilator, RED patients keep the ventilator as long as they remain RED.
- 2 YELLOW patients are allowed a fair trial of intubation, until the first assessment at 120 hours. Once assigned a ventilator, they RED patient during the first 12 hours after their assessment. After that point, they will remain on the ventilator until their next keep it until the next assessment. But after each assessment, any patient designated YELLOW can be displaced by a new formal assessment.
- ω YELLOW patient needing a ventilator takes priority. BLUE patients may receive ventilators if they are available. However, they are always subject to reallocation. Any new RED or
- 4 Some patients may advance to SOFA = 0, but still require ventilation. Once patients have reached SOFA=0, they may remain cycles at SOFA = 0, then they are downgraded to YELLOW. on the ventilator through the next assessment cycle to see if they can be weaned. If they can still not be weaned after two
- S one, and will need to be supported until either a new ventilator becomes available or the next assessment point YELLOW patients who require a ventilator cannot take a ventilator from another YELLOW patient on a ventilator. If there are no BLUE patients and only YELLOW and RED patients on a ventilator, the patient waiting for a ventilator cannot be allocated