Critical Response and Resuscitation Committee
Recommendations for Resuscitation of COVID-19
Positive or Suspected Positive Patients (v 4.07.20)

Purpose: To provide recommendations for high quality resuscitation to patients positive or suspected of COVID-19 while minimizing exposure risk to caregivers and the environment

These recommendations pertain to patients positive or suspected of COVID-19 experiencing cardiac arrest only

Caregiver Safety Considerations

- Minimize the number of caregivers in the room
- All attendees need to be actively participating with an assigned code role
- PPE must be properly applied before participating in the code even if this delays care
- N95 mask, eye protection, gown, & gloves are mandatory
- Caregivers assigned to code teams should have a bag with PPE immediately available and should verify availability at the start of a shift
- Place a covering (cloth, towel, plastic barrier, or mask) over the patient’s face before chest compressions begin

Initiation of Resuscitation:

- Follow the decision tree (page 3) for pulseless VT/VF versus PEA or asystole
- Follow standard ACLS/BLS protocols
- No rescue breaths should be administered during this time

Support of Circulation:

- Chest compression only CPR should be administered by the first responder for non-shockable rhythms. Place pads and shock first for pulseless VT/VF
- The second responder should apply defibrillation pads for non-shockable rhythms.
- An automated compression device is recommended if available (e.g. Lucas Device or Zoll Autopulse)
- Intraosseous (IO) access should be established early if no central line is present or Peripheral IV is inadequate
- Cardiopulmonary arrest patients are not candidates for ECMO
Support of Breathing:
- **BMV should not be administered**
- **Consider** placement of a supraglottic airway (LMA) if BMV unavoidable
  - Place an HMEF or HEPA **filter between** the LMA and the bag
  - Place a covering over the face and LMA **before** ventilating

Airway Management Considerations During a Code (Advanced Practitioners):
- Securing the airway is a high priority. **Intubate** as soon as possible.
- The most experienced provider will manage the airway
- **Chest compressions must stop while intubating**
- Rapid sequence intubation techniques are recommended
- A video laryngoscope is the first-line intubating device
- Fiberoptic bronchoscopy is highly discouraged due to aerosolization risk. If absolutely unavoidable, disposable video bronchoscopes should be used
- If difficulty is encountered: Temporize with an LMA until the code is over and give early consideration to a surgical airway
- After the endotracheal tube is inserted: Give the **first breath after** HMEF or HEPA filter is in place between the tube and the bag or ventilator
- **Avoid disconnecting the breathing circuit:**
  - √ Turn ventilator to standby before disconnections
  - √ Consider clamping tube before disconnection if no HMEF is directly attached
  - √ Consider using the capnograph on the defibrillator instead of a color changing device to avoid additional disconnects

Ventilator Settings **during chest compressions:**
- Set FiO2 to 100%
- Set mode to volume control
- Set tidal Volume 500 ml
- Set rate to 10 b/min
- Set PEEP to 0 (zero)

Termination of Resuscitative Efforts:
- Physicians are **NOT ethically obligated** to deliver care that, in their best professional judgment, will not have a reasonable chance of benefiting patients
- Prolonged or heroic resuscitative efforts are not recommended

Special Considerations for patient with a VAD: Confirm the VAD is not working (no VAD noise, low, EtCO2, clinical signs of malperfusion), then provide compressions via mechanical compression device

Source:
Critical Response and Resuscitation Committee Recommendations for Resuscitation of COVID-19 Positive or Suspected Positive Patients v 4.07.20

This newsletter is an educational tool to inform staff of Enterprise planned policy changes. Each region’s newsletter addresses site-specific policy changes. Each individual hospital will provide internal notification once a new or revised policy goes into effect.
This newsletter is an educational tool to inform staff of Enterprise planned policy changes. Each region’s newsletter addresses site-specific policy changes. Each individual hospital will provide internal notification once a new or revised policy goes into effect.