CLEVELAND CLINIC HOSPITALS

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Cleveland Clinic P4

POINTS ON PRACTICE, POLICY, AND PROCEDURE

CLEVELAND CLINIC NURSING INSTITUTE

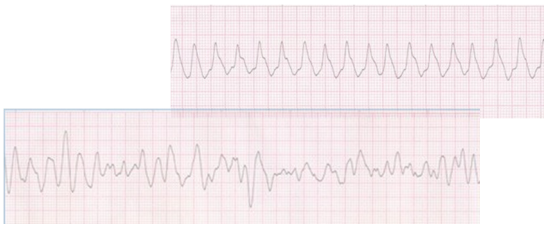
Critical Response and Resuscitation Committee Recommendations for Resuscitation of COVID-19 Positive or Suspected Positive Patients (v 4.07.20)

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

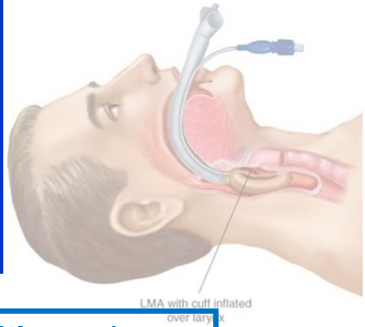
Support of Circulation:

- 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

Recommendations: Resuscitation of COVID-19 Positive or Suspected Positive Patients

Support of Breathing:

- **BMV should not be administered**
- *Consider* placement of a supraglottic airway (LMA) if BMV unavoidable
  - → Place an HEMF 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*** HEMF 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)

All patients should be transferred to the ICU by ventilator. If a patient must be hand bagged, two people need to verify the appropriate filter is properly placed directly between the endotracheal tube and bag, to minimize disconnections and reduce aerosolization.

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:

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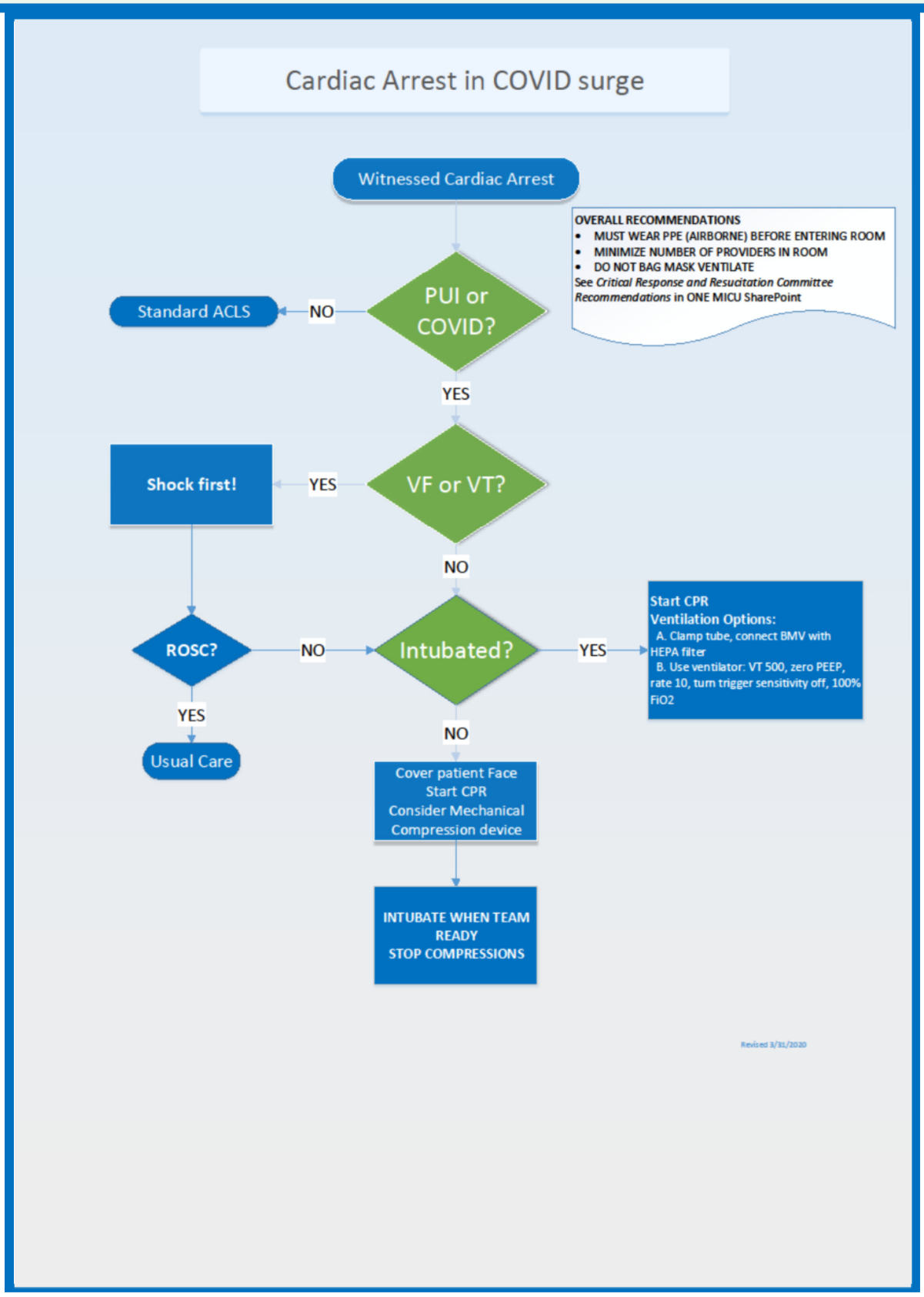
Decision Tree of
COVID-19 Positive or Suspected Positive Patients
v. 4.7.20



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.