

COVID-19 Focused Cardiac Arrest supplement

Introduction

- * This supplement is to be utilized in conjunction with the primary Focused Cardiac Arrest and COVID-19 protocols
- * Goal will be to minimize provider exposure to a possible patient with undiagnosed COVID-19 while acknowledging the challenge of identifying these patients given their critical status
- * The primary route of exposure to COVID-19 is the inhalation of infected respiratory droplets
- * Resuscitative efforts involve several Aerosol-Generating Procedures; including:
 - Intubation, extubation and related procedures
 - Manual Ventilation
 - Open Suctioning
- * Presently the CDC and the AHA recommend that providers utilize the following PPE when involved in resuscitation:
 - Respirator (N95) or facemask if respirator is not available
 - Eye protection
 - Gloves
 - Gowns
- * All patients in cardiac arrest must be assumed to potentially be COVID-19 positive

Basic / Advanced Medical Care

1. All personnel participating in providing CPR MUST wear full PPE when performing resuscitative efforts to include:
 - A. N95 mask
 - B. Face shield
 - C. Gloves
 - D. Fluid impervious gown
2. For patients with reported witnessed arrest PPE should be in place as to not delay resuscitative efforts
3. For patients believed to be an obvious death (unwitnessed with likely prolonged downtime) and no resuscitative measures are going to be initiated full protective measures do not need to be worn to assess for rigor mortis, dependent lividity, cold temperature (standard PPE should be utilized)
 - A. If subsequently determined patient does not meet obvious death criteria, compression only CPR should be initiated while full PPE as above is donned by other providers
 - B. Providers assessing for obvious death on a pulseless and apneic patient, should wear at minimum gloves
4. For patients with EMS witnessed cardiac arrest perform compression only CPR utilizing standard PPE until full PPE is donned then proceed with focused cardiac arrest care
 - A. Covering in the form of cloth or surgical mask should be placed over the patient's mouth & nose during compression only CPR
5. Only personnel required to perform resuscitative efforts should be in the room with the patient
 - A. FD Captain should also be in full PPE in order to provide appropriate feedback coaching related to compressions and ventilations during the resuscitation
6. All others on choosing to remain on scene should remain > 6 feet from patient/providers
 - A. E.g. family, police, others
7. Performance of cardiac arrest care:
 - A. Insert King LT airway via standard method
 - B. Avoid any BVM attempts prior to King LT placement
 - C. Place defibrillator pads and QCPR device
8. A cloth or towel may be utilized to assist with managing excess secretions
9. Establish IO and administer fluids/medications as indicated

Post Resuscitation Care

- * ROSC is achieved:
 - Continue with post ROSC standard procedures
 - Obtain a temporal temperature measurement
- * Immediately notify the receiving hospital that you are enroute with a ROSC patient
- * NO ROSC achieved and patient pronounced on scene
 - Ensure supervisor notified
 - Ensure public health notified as indicated

Additional Considerations

- * Following termination of resuscitative efforts or delivery of the patient to the ED doff PPE utilizing standard precautions
- * Resources:
 - <https://www.medpagetoday.com/infectiousdisease/covid19/85568>
 - <https://www.medscape.com/viewarticle/927389>
 - https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#take_precautions
 - Cardiac Arrest COVID-19 Protocol Carolinas Medical Center Department of Emergency Medicine, COVID-19 EM Clinical Care Task Force