Cardiac Arrest (COVID-19)

ACTIVATED 4/9/20 under EMS Crisis Matrix and Colorado Crisis Standards of Care

DESCRIPTION

This guideline applies to patients in cardiac arrest with known previous symptoms of an acute respiratory illness, viral illness, GI illness, or known (or EMS concern) for COVID-19. This guideline will be activated/deactivated at the discretion of the Medical Direction in consultation with EMS agency leadership and/or Incident Command.

PURPOSE FOR MODIFICATION OF CARDIAC ARREST TREATMENT

1) Follow best evidence for survival outcomes while respecting patient dignity at end of life.
2) Decrease futility in the setting of cardiac arrest.
3) Decrease exposure risk to first responders and their families.
4) Decrease exposure risk to hospital/healthcare facility staff.
5) Ensure healthcare facility resilience during public health events.
6) Optimizing PPE utilization during public health events.
7) Outline modifications to treatment of the patient who is in cardiac arrest and has known symptoms or diagnosis during public health events.

PRIOR TO ENTERING SCENE

1) Full PPE will be donned prior to entering the scene. Recognize that PPE can take 5 – 7 minutes or more to don. Resuscitation decisions should keep this in mind.
2) Confirm if patient has a MOST, DNR, or DNI directives for all patients, even if not at end of life.
3) CPR will ***NOT*** be performed without full PPE and respiratory precautions in place in place. CPR by itself is an aerosol generating procedure.
4) Limit providers to absolutely necessary. One provider may be sufficient.
5) When CPR is being performed, limit number of personnel ONLY to that necessary for patient care. All others should minimize exposure risk.

TREATMENT

1) Adult patients should receive hands-only CPR with NRB mask at 6 lpm and surgical mask over NRB.
2) Pediatric patients should have minimum of 4 rounds of CPR with BVM for any rhythm.
3) Field termination of resuscitation should be considered immediately for patients with:
   a) Initial rhythm of asystole.
   b) Initial rhythm of PEA.
4) Patients in ventricular fibrillation or pulseless ventricular tachycardia:
   a) Limited efforts ar resuscitation including CPR, electrical defibrillation, and ACLS drugs. Use tibial IO route recommended if COVID concern to limit exposure to the head area with aerosols.
   b) With no return of spontaneous circulation (ROSC), consider termination of resuscitative efforts after 4 rounds of CPR.
   c) Patients in continuous cardiac arrest ***WILL NOT BE TRANSPORTED***.
5) ROSC should be sustained for **AT LEAST** 5 minutes with a palpable pulse and systolic blood pressure of 60 mmHg or greater ***BEFORE*** moving the patient to the patient compartment for transport.
6) Cardiac arrest during transport:
   a) Pull the ambulance to the side of the road, open all patient compartment doors, consider moving patient to outside the ambulance to maximize ventilation and decrease aerosol exposure.
   b) Call dispatch for Law Enforcement immediately to provide protection from traffic.
   c) If termination of resuscitative efforts during transport, continue transport to the closest ED notifying them prior to arrival.
7) Cardiac arrest during inter-facility transfer where patient death was expected:
   a) Cease interventions and divert to nearest hospital facility.
   b) Notify ED prior to arrival of the patient having field termination of resuscitative efforts.