

# HFHS Resuscitation Advisory Council Guidelines on Management of Cardiac Arrest in a patient with suspected COVID-19

Reviewed By: HFHS Resuscitation Advisory Council Leaders

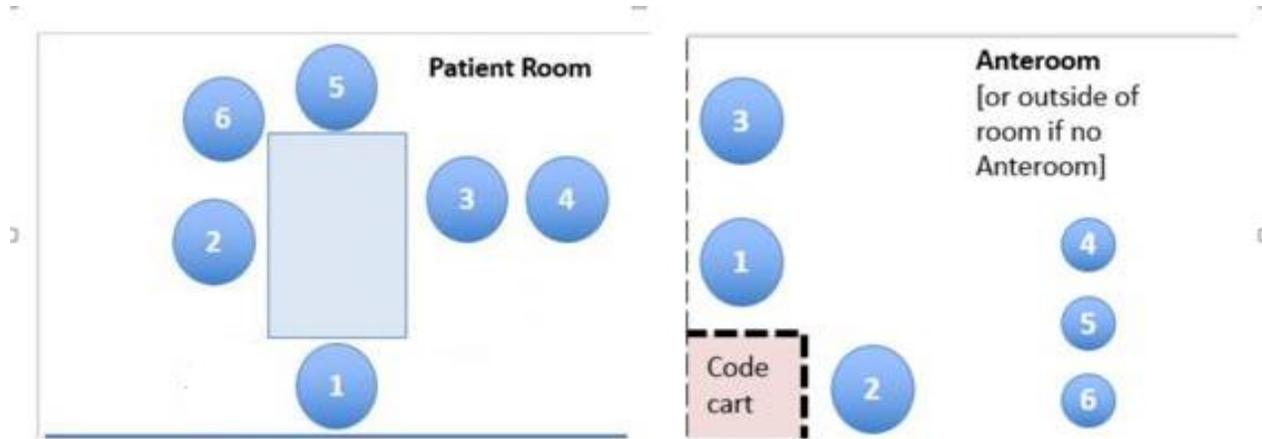
The situation surrounding COVID-19 is rapidly changing and affected by availability of resources, discovery of new cases and availability of new information coming from areas already under strain from the disease. Currently the CDC advises **health care providers caring for COVID 19 confirmed or suspected patients to utilize surgical mask, gown, gloves and eye shield UNLESS they are participating in aerosol generating procedures** such as intubation, bronchoscopy or CPR. If participating in aerosol generating procedures, HCPs should wear N95 masks, with face shield, gloves and gown. As such RAC recommends the following procedure for HCP's during Code Blue/Cardiac Arrest:

**\*\*\*PPE IS ESSENTIAL AND SHOULD BE DONNED REGARDLESS OF PATIENT CLINICAL STATUS IN AN EFFORT TO PROTECT HEALTHCARE WORKERS.\*\*\***

1. **Limit providers in the room to ONLY those necessary.** This recommendation is for both minimization of exposure and limitation of PPE usage.
  - a. Code Leader
  - b. Rapid Response Nurse
  - c. Anesthesia (for intubation)
  - d. Respiratory therapy- will bring HEPA filters.
  - e. Patients' assigned nurse
  - f. If CPR in progress, 1 additional provider can assist and assigned nurse and additional provider should trade compressions
  - g. Pharmacy should stand outside the room with available medications to pass through when needed
2. **Follow equipment procedures for Airborne Plus Precautions.** DO NOT TAKE ENTIRE CRASH CART IN THE ROOM
3. **If possible** Respiratory Therapy (16-0627) and Anesthesia (16-4444) should be notified by **Rapid Response Team** that this is a COVID-19 rule out when called.
4. **Avoid unnecessary bagging:**
  - a. If patient is hypoxic while awaiting anesthesia arrival, code team should practice standard of care oxygenation **with two providers** using a BVM with a HEPA filter and PEEP (see photo below).
    - i. One provider to hold mask securely in place. Second provider operates bag.
  - b. During the apneic period before intubation, a BVM with a HEPA filter and PEEP valve **could be passively** held on the patient's face to maintain positive pressure in the airway and thereby prevent de-recruitment
5. **Hold compressions for intubation** to both improve chance for first pass success and minimize risk of exposure of HCP's to bodily fluids.
6. Follow anesthesia recommendations for procedure during intubation and respiratory therapy should be aware of guidelines for HEPA filters on ventilator circuit.
7. **Transport:** Care team should transport with same mask and eye shield(unless visibly soiled) but new gown and gloves.

We acknowledge that the recommendations and guidelines around the management of a patient with COVID-19 are rapidly changing, and thus this document will be updated and recirculated when new information is available.

**\*\*We recognize the process of calling RT and Anesthesia is cumbersome and we hope to improve this process in the near future.**



#### Inside room

<b>1. Code Leader</b>	Direct team
<b>2. RRT RN</b>	Defib / med administration
<b>3. Bedside RN</b>	History, compressor #1, pulse checks when resting
<b>4. Backup RN</b>	Compressor #2, pulse
<b>5. Anesthesia</b>	Airway, vascular access
<b>6. Resp. Therapy</b>	Airway, ventilation

#### Outside room

<b>1. PPE and Relay RN</b>	Observes PPE, passes meds
<b>2. Pharmacist</b>	Mix meds, pass to PPE RN
<b>3. Primary team</b>	Orders, communication
<b>4. RN backup</b>	Compressors, supplies, labs as needed
<b>5. Anesthesia backup</b>	Airway support equipment as needed
<b>6. Runners</b>	As needed



#### Sources:

1. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-healthcare/>
2. University of Washington guidelines