

## CARDIAC ARREST MANAGEMENT AND CPR DURING PANDEMIC COVID-19

- Complete TEP form for all COVID-19 patients so resuscitation status is clear to all at admission:
  - Any patient for ward-level care by pandemic ICU triage criteria should not be for CPR
  - Many who may initially be suitable for ICU triaged admission would not be in the event of cardiac arrest

### CONFIRMING CARDIAC ARREST

- ENSURE MINIMUM PPE\* **FIRST**
- **DO NOT** PLACE CHEEK TO AIRWAY TO LOOK/LISTEN/FEEL
- ASSESS FOR SIGNS OF LIFE, OBVIOUS BREATHING, CAROTID PULSE (IF TRAINED); ACTIVATE 2222 and state “COVID PATIENT”

### PROVIDING RESUSCITATION

- **DO NOT START CPR WITHOUT FULL AGP PPE\*\***
- **NO UNNECESSARY STAFF IN ROOM**
- **NO-ONE WITHOUT AGP PPE IN ROOM**
- FOCUS ON CPR THEN 2-PERSON BVM (+ Guedel OP airway)
- **DO NOT DO MOUTH-TO-MOUTH OR POCKET-MASK**
- **DO NOT** INTUBATE OR PLACE IGEL UNLESS TRAINED

- **ADDRESS REVERSIBLE CAUSES PROMPTLY**
- **INVOLVE SENIOR CLINICIANS/ICU EARLY ON**

- Delays to recognition and management of cardiac arrest are inevitable whilst properly donning PPE – your personal safety is paramount
- \*Minimum PPE – surgical mask, apron, gloves
- \*\*AGP PPE – FFP3 mask, gown, visor, gloves