Cardiac Arrest in a Patient with Suspected or Confirmed COVID-19

I. Applicable patients are patients in cardiac arrest with known previous symptoms or known diagnosis of COVID-19 (coronavirus disease). Concerning pre-arrest symptoms include:
   A. respiratory illness (cough, shortness of breath, sore throat)
   B. fever (all patients with fever prior to arrest should be suspected as having COVID-19)
   C. loss of sense of taste/smell
   D. muscle pain (myalgias)
   E. headaches
   F. chills with or without repeated shaking 9rigors)

II. Personal Protective Equipment:
   A. Standard, contact, and airborne precautions
   B. CPR and assisting ventilations are aerosolized procedures. N95 masks or equivalent are required. Do not perform CPR without respiratory precautions in place.

III. Treatment:
   A. For patients with NO pre-arrest symptoms as noted above and not known to be COVID-19 positive, follow **General Cardiac Arrest Protocol.**
   B. For arrests of patients with known pre-arrest symptoms noted above or known COVID-19 infection treat according to **General Cardiac Arrest Protocol** EXCEPT:
      i. Airway interventions will be limited to BLS procedures, including supraglottic airway. DO NOT INTUBATE.
      ii. When CPR is being performed, only necessary personnel should be next to the patient. Personnel should remain at least 6 feet from patient when not performing interventions, as able.
      iii. If no return of spontaneous circulation (ROSC) within 10 minutes of resuscitation, contact medical control for possible termination orders.
      iv. Patients in continuous cardiac arrest **WILL NOT BE TRANSPORTED**, regardless of mechanical CPR device. Resuscitation will either be terminated on scene or ROSC sustained (continued palpable pulse and systolic BP ≥60 mmHg for >5 minutes) **BEFORE** moving the patient to the patient compartment of a vehicle.
   C. For witnessed arrests inside the patient care compartment of known or suspected COVID-19 patients:
      i. Pull vehicle to the side of the road and perform resuscitation in full PPE, with doors **OPEN**.
      ii. If patient has mechanical CPR device in place and has lost ROSC, the device may be resumed with continued transport to the hospital, as long as all personnel in the patient compartment have sufficient respiratory PPE in place.

Protocol Source/References: https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html