Conversations and decisions on emergency treatment completed and documented

DNACPR

Yes

End of life care

No

Unresponsive and not breathing normally

Call resuscitation team

State COVID-19

Assess rhythm

Shockable (VF/Pulseless VT)

Up to 3 shocks

Don PPE

CPR for 2 min

Minimise interruptions

Return of spontaneous circulation

Immediate post cardiac arrest treatment

- Use ABCDE approach
- Aim for SpO2 of 94-98%
- Aim for normal PaCO2
- 12-lead ECG
- Treat precipitating cause
- Targeted temperature management
- AGP PPE if AGP interventions

Non-shockable (PEA/Asystole)

Don PPE

CPR for 2 min

Minimise interruptions

During CPR

- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Consider reversible causes 4Hs and 4Ts
- Use waveform capnography
- Continuous compressions when advanced airway in place
- Vascular access (IV or IO)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

Recommended PPE

Level 2 PPE

- Disposable gloves
- Disposable apron
- Fluid resistant surgical mask
- Disposable eye protection

Level 3 AGP (aerosol generating procedures) PPE

- Disposable gloves
- Disposable gown
- Filtering face piece (FFP3) respirator
- Disposable eye protection

Consider

- Ultrasound imaging
- Mechanical chest compressions to facilitate transfer/treatment
- Coronary angiography and percutaneous coronary intervention
- Extracorporeal CPR

25/03/2020