

# YNHHS Interim Adult Cardiopulmonary Arrest Care Guidance

YaleNewHavenHealth

**SCOPE:** Approved by the YNHHS Code Committee, applies to adult ambulatory and inpatient cardiopulmonary arrest care. Please refer to your local standard operating procedures and protocols for additional information. Know if your area has internal response team or EMS coverage and how to activate help.

**CLINICAL CARE:** Summary of adjustments to adult cardiopulmonary arrest care during COVID 19 pandemic and care transformation period.

**Reduce exposure by ensuring scene safety:** CPR, intubation, and bag-mask ventilation are considered aerosolizing procedures, PPE is applied as per YNHHS guidance for your clinical area/site.

- Limit personnel at the scene or in room
- Communicate isolation precautions status to all emergency team responders
- Isolate the patient as much as possible, i.e., close door, draw curtain
- CPR may be initiated when the compressor is wearing a face mask, and a face mask or covering applied to the patient. If the patient has an artificial airway in place receiving mechanical ventilation, compressions can be started by the compressor wearing a face mask without applying a face covering to the patient.
- The first compressor is relieved by clinicians wearing appropriate PPE as soon as available. There should be no attempt at bag mask ventilation or intubation without appropriate PPE.

## **Prioritize high quality CPR and early defibrillation**

- Focus on high quality CPR and minimize interruptions
- Apply AED/Defibrillator and stop CPR to analyze the rhythm as soon as available, don't wait 2 minutes. The goal for time to shock for a pulseless, shockable rhythm is two minutes or less
- For inpatient/ED care: consider using mechanical CPR devices for adults who meet height/weight criteria to minimize need for additional compressors

## **Implement oxygenation and ventilation strategies with lower aerosolization risk**

- Avoid bag-mask ventilation until experienced help arrives
  - May use passive oxygenation with non-rebreather face mask connected to 15L of oxygen as alternative to bag mask ventilation
  - Bag-mask ventilation is provided when an experienced clinician (examples include: EMT/paramedic, Anesthesia, Critical Care RN/Provider, Respiratory Therapist) arrives, a viral/bacterial filter is in place, and a tight seal is achieved
- Additional resuscitation team members may step out while the intubation team is performing the procedure and re-enter when appropriate
- A pause in compressions longer than 10 seconds may be needed to intubate
  - Please refer to YNHHS Intubation and ICU Care Guidelines

## **CRASH/CODE CARTS AND INTUBATION KITS:**

- Crash carts and intubation boxes/kits should remain outside the room
- Clean hands/gloves are used to batch supplies and medications into the room to minimize door opening/closing
- Disinfect re-usable/shared equipment as per hospital guidelines

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**Hands only CPR is used when PPE for aerosolizing procedures is not immediately available, and until expert help arrives (internal medical emergency team or EMS)**

## Hands only CPR

Adapted for YNHHS



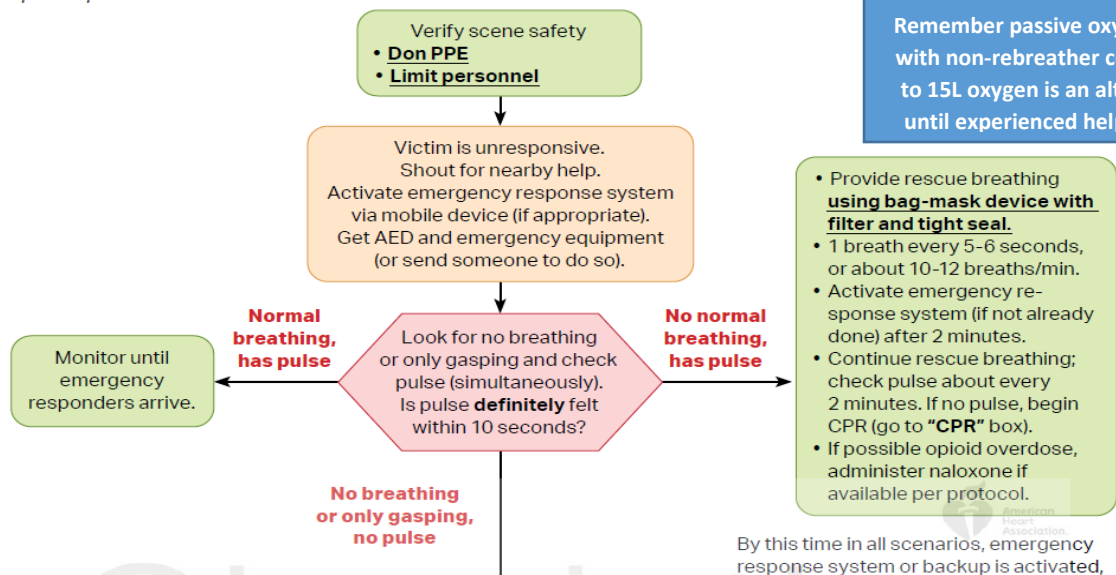
Step 1	Step 2	Step 3	Step 4
 <p>Phone 9-1-1 and get an AED.</p> <div style="background-color: #0070C0; color: white; padding: 5px; margin-top: 5px;">Know your emergency number</div>	 <p>Cover your own mouth and nose with a face mask or cloth.</p>	 <p>Cover the person's mouth and nose with a face mask or cloth.</p>	 <p>Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.</p>
			 <p>Use an AED as soon as it is available.</p>

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## BLS ALGORITHM:

### BLS Healthcare Provider Adult Cardiac Arrest Algorithm

Updated April 2020



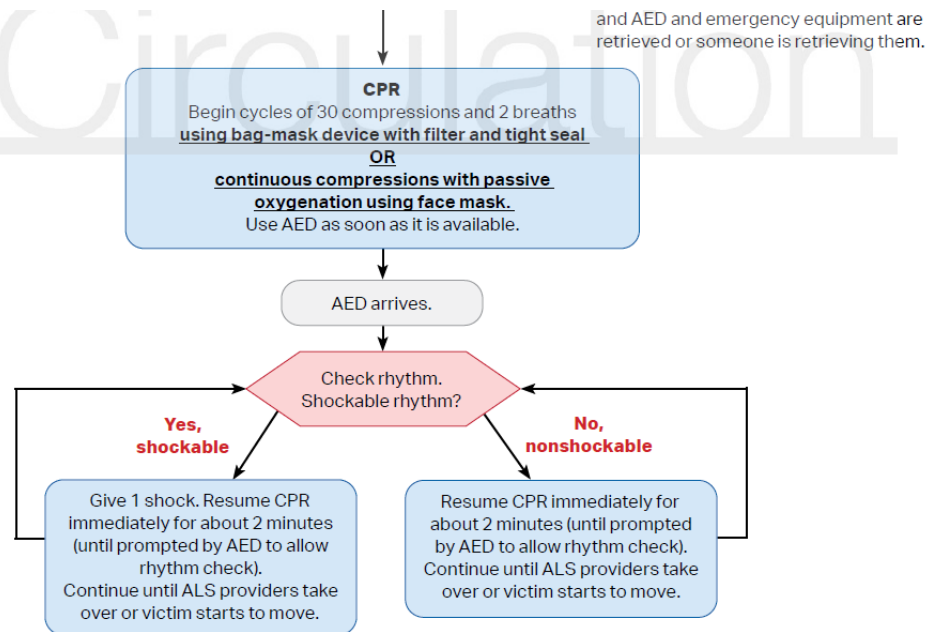
Avoid bag-mask ventilation until experienced help available, viral/bacterial filter in place with tight seal

Remember passive oxygenation with non-rebreather connected to 15L oxygen is an alternative until experienced help arrives

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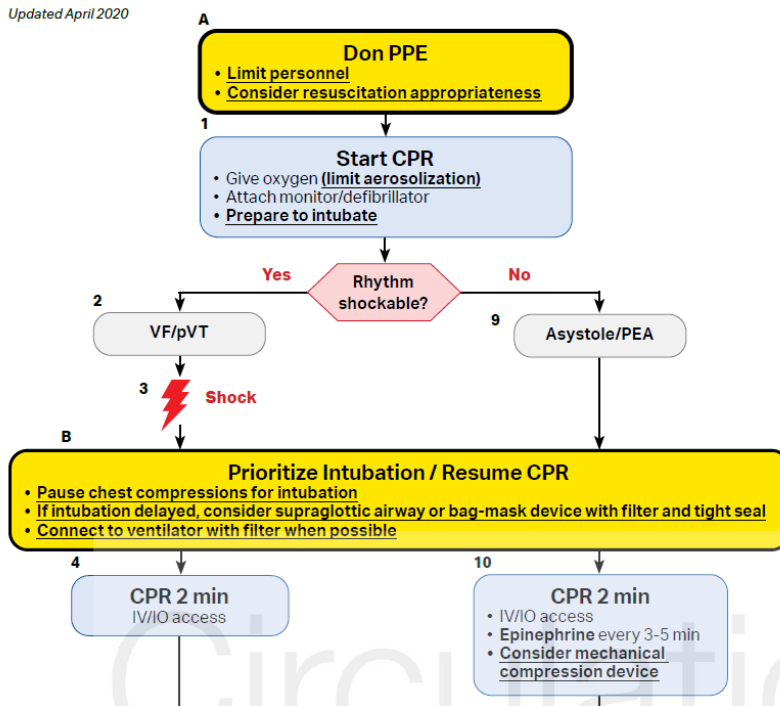


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## ACLS ALGORITHM

### ACLS Cardiac Arrest Algorithm

Updated April 2020



Downloaded

#### CPR Quality

- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If PETCO<sub>2</sub> <10 mm Hg, attempt to improve CPR quality.
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.

#### Shock Energy for Defibrillation

- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

#### Advanced Airway

- Minimize closed-circuit disconnection
- Use intubator with highest likelihood of first pass success
- Consider video laryngoscopy
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement

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