Department of Anesthesiology Guidance on BLS and ACLS in COVID-19 Positive/COVID-19 Suspected Patients (Version 2 - April 27, 2020)

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Purpose: Existing American Heart Association (AHA) cardiopulmonary resuscitation (CPR) guidelines do not address the challenges of providing resuscitation in the setting of the COVID-19 global pandemic, wherein rescuers must continuously balance the immediate needs of the victims with their own safety.[1] This document is an adaption of the American Heart Association's interim guidance for basic and advanced life support in patients with suspected or confirmed COVID-19. It is not intended to be interpreted as guidelines or policy, but rather to inform providers of aspects of care specific to this patient population.

General Principles for Resuscitation in Suspected and Confirmed COVID-19 Patients

1) Minimize provider exposure to COVID-19
    a. Prioritize provider safety over patient care needs.
    b. Before entering the scene, providers should always don appropriate PPE, including a respirator -N95, PAPR or CAPR- and gloves, gowns & eye protection. Refer to Froedtert and MCW recommendations for Aerosol Generating Procedures (AGP's) for more information.
    c. Limit personnel in the room or on the scene to only those essential for patient care.

2) You Consider the appropriateness of starting or continuing resuscitation.
    a. BLS and ACLS are high-intensity team efforts that are resource intensive, and place participating providers at increased risk for exposure to COVID-19.
    b. Mortality for critically ill COVID-19 patients is high, and is amplified by age and comorbidities, particularly cardiovascular disease. Patients who require BLS/ACLS are further disadvantaged in terms of survival.
    c. Therefore, it is reasonable to weigh likelihood of patient survival against risk to providers in determining the appropriateness of starting or continuing BLS/ACLS, particularly if patients do not achieve ROSC following initial resuscitative efforts.
    d. It is appropriate to discuss considerations of a patient's medical history, code status, and likelihood of survival following BLS/ACLS with the primary team or other providers who are present and familiar with the patient, provided such discussions do not delay resuscitative efforts.
    e. Due to our presence in the ART and CODE4 teams, you may be the only faculty physician in the room during code responses for non-COVID patients and be looked to for guidance on terminating CPR. Consider likelihood of survival, etiology of arrest, co-morbidities, etc if determining further resuscitative efforts are likely non-beneficial.

Reference: 1. Edelson et al.: Interim Guidance for Life Support for COVID-19
https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463