

Advanced Life Support adapted for COVID-19

Unresponsive and not breathing normally?

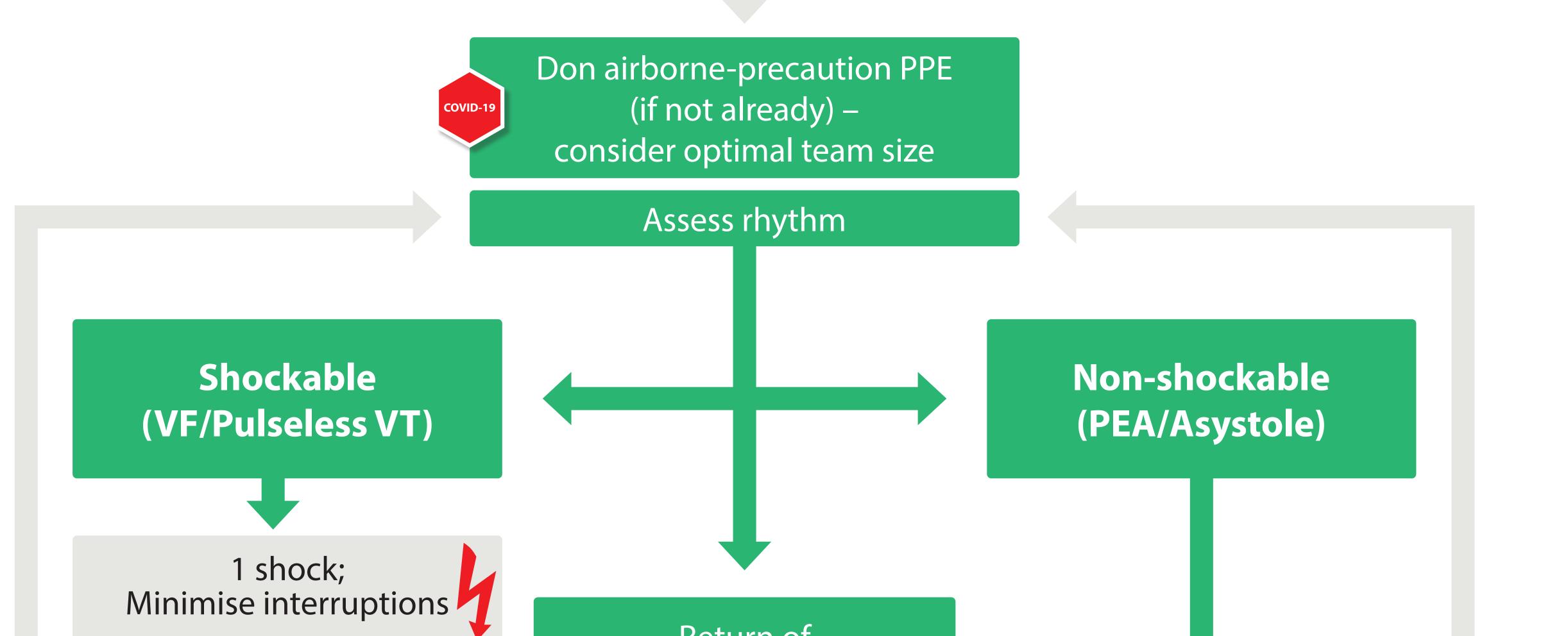


Provide BLS adapted for COVID-19 Attach defibrillator/monitor Assess breathing visually; do not open the airway or approach the victim's nose & mouth; Cover the victim's nose & mouth with an oxygen or surgical mask.

COVID-19

Call Resuscitation Team – state COVID-19 status

Minimise interruptions



If not wearing airborneprecaution PPE give up to 3 consecutive shocks while donning Return of spontaneous circulation

Immediately resume CPR for 2 min Minimise interruptions IMMEDIATE POST CARDIAC ARREST TREATMENT

- Use ABCDE approach
- Aim for SaO_2 of 94-98 %
- Aim for normal PaCO₂
- 12 Lead ECG
- Treat precipitating cause
- Targeted temperature management

Immediately resume CPR for 2 min Minimise interruptions



airway management. Use a viral filter. Only perform continuous chest compressions (with 10 ventilations per minute) if trachea intubated.

Consider early advanced

DURING CPR

- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Use waveform capnography
- Vascular access (intravenous or intraosseous)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

TREAT REVERSIBLE CAUSES

Hypoxia

Hypovolaemia Hypo-/hyperkalaemia/metabolic Hypothermia/hyperthermia Thrombosis – coronary or pulmonary Tension pneumothorax Tamponade – cardiac Toxins

CONSIDER

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