

Copyright by The University of Chicago Medical Center. All rights reserved. No part of this publication may be reproduced without permission in writing from The University of Chicago Medical Center.

Disclaimer: Clinical pathways are designed to standardize care of patients based on publicly available medical evidence and/or consensus of medical professionals at The University of Chicago Medical Center (UCHC). Clinical pathways are not meant to replace clinical judgment and patterns should be managed accordingly, based on their individual needs. The application does not provide medical advice, does not make diagnosis, treatment, or other clinical decisions or judgments, and is not a substitute for the competent analysis and professional judgment of health care professionals. Clinical pathways may not represent the most recent evidence available. UCHC is not responsible for any errors or omissions within this pathway or for any patient outcomes where a clinician consulted the pathway during patient care.

Pathway Contacts: Diana Edelson, MD, Emily London, MD, and Rachel Marrs, DNP, RN

QPI Contact: Danielle Bowman

Last Updated: 4/1/20

For Cardiac Arrest

- Determine code status
 - Ethical considerations (see [Recommendations regarding CPR in patients with COVID-19](#) for additional details)
 - CPR should be performed for unexpected cardiac arrests in COVID-19 infected individuals if consistent with patient preferences/code status
 - CPR should NOT be performed for expected cardiac arrest due to progressive clinical deterioration from COVID-19 refractory to maximal intensive care
 - Cardiac arrest secondary to COVID-19 infection is not an indication for Extracorporeal Cardiovascular Resuscitation
 - For UCHC patients who arrive with oxygen CPR by EMS a max of 3 rounds of CPR is recommended unless history already suggests a reversible cause make each attempt count
- Don appropriate PPE (e.g. N95/Respirator, eye protection, gown, & gloves)
 - Limit personnel in the room to only those essential
 - Avoid Bag-Mask Ventilation if at all possible
 - Provide compression-only CPR prior to intubation
 - Administer oxygen via non-rebreather face mask
 - If required, an experienced provider can perform BVM with filter provided a tight seal can be maintained (consider a second provider to hold the mask in place)
 - When airway established, connect to mechanical ventilator rather than bag
 - Following advanced airway establishment, if bag ventilation required, must use filter
 - Keep the crash cart outside the room
 - Defibrillate as needed
 - Pause compressions to intubate
 - Post arrest considerations

Resources & Updates

[UCHC Coronavirus \(COVID-19\) Resource Center](#)

[Survivor Series Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 \(COVID-19\)](#)

[American Heart Association CPR & Emergency Cardiovascular Care: Interim Guidance for Healthcare Providers \(Jury\) COVID-19 Update](#)

[Basics of Mechanical Ventilation](#)

[Contemporary Ventilator Management for ARDS](#)

[ARDS management outside the ventilator](#)

For clinical questions regarding the care of COVID-19 or COVID patients, [see the COVID Response Team](#) (630028).

Recent Updates:

- 4/13/2020:
 - Expanded HFNC to Adult ED rooms with ante rooms
- 4/1/2020:
 - Made revisions to Initial Analgesia and Sedation Settings
 - Added order links for goals of care/treatment limitation options
 - Added links for instructional videos for ventilation guidance
 - Updated goals of care and treatment limitation steps
 - Increased threshold for hypoxemia to FIO2 requirement >44% or SPO2 from 40%/SE
 - Added Trial of HFNC details and order into workflow
 - Replaced less relevant Aerosol Generating Procedures information with link to the UCM Aerosol Generating Procedures Guidelines
 - Added links to SCCM/ Surviving Sepsis and AHA/ECC recommendations
 - Removed outdated COVID Cohort Unit phone numbers
- 3/26/2020:
 - Allowed for HFNC, BiPAP/CPAP in COVID Cohort Units
 - Added link to palliative care order set
- 3/24/20:
 - Grammar/style updates
 - Add link to Recommendations Regarding CPR in Patients with COVID-19 document
 - Added ED/UCHC considerations including limitation of resuscitation recommendation for CHCA without ROSC in the field and post arrest recommendations

[Additional updates](#)

