



MEMO

DATE: April 9, 2020

TO: Region 11 EMS Providers

Region 11 EMS Participating Hospitals

FROM: REGION 11 EMS MEDICAL DIRECTORS CONSORTIUM

SUBJECT: REGION 11 EMS GUIDELINES FOR OUT OF HOSPITAL CARDIAC ARREST AND

TERMINATION OF RESUSCITATION DURING THE COVID-19 PANDEMIC – EFFECTIVE

APRIL 10, 2020

OUT OF HOSPITAL CARDIAC ARREST GUIDELINES DURING THE COVID-19 PANDEMIC1

1. All cardiac arrest patients should be considered to potentially have COVID-19.

- Ensure all crew members wear proper PPE (N-95, gown, eye protection, gloves).
- 3. Minimize crew member exposure to patient.
- 4. Minimize equipment brought into scene.
- 5. Obtain history from family regarding known or suspected COVID-19.
- Evaluate for Advanced Directives (DNR/POLST).
- 7. Initiate chest compressions.
- 8. Check initial cardiac rhythm and defibrillate as indicated.
- 9. Avoid BVM, place SGA early with viral filter (if available) and ETCO2.
- 10. Avoid suction and intubation.
- 11. Obtain IV/IO and administer epinephrine every **5 minutes**².
- 12. Contact Online Medical Control (OLMC).
- 13. Goal is to only transport patients with ROSC².

TERMINATION OF RESUSCITATION GUIDELINES DURING THE COVID-19 PANDEMIC1

Patients should meet ALL of the following criteria for consideration of field termination of resuscitation:

1. Adult patients with initial rhythm of asystole or PEA;

- 2. Supraglottic airway with ETCO2 established;
- 3. Termination of Resuscitation may be considered after **3 total doses**² of epinephrine without ROSC.

Special Considerations²:

For patients with initial/refractory shockable rhythm, continue resuscitation on scene until either ROSC or conversion to non-shockable rhythm occurs. Contact OLMC for consideration of termination for patients that have converted to non-shockable rhythm.

²Change from Current Region 11 Termination of Resuscitation Policy/Incident Command for Cardiac Arrest Protocol (ICCA).

Please contact your Resource Hospital with questions.

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Chair, Region 11 EMS Medical Directors Consortium

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¹The above does not apply to traumatic or pediatric cardiac arrests.