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 PANDEMIC

1. All cardiac arrest patients should be considered to potentially have COVID-19.
2. 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.
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.
12. Contact Online Medical Control (OLMC).
13. **Goal is to only transport patients with ROSC.**

TERMINATION OF RESUSCITATION GUIDELINES DURING THE COVID-19 PANDEMIC

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 Considerations\(^2\):**

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.

\(^1\)The above does not apply to traumatic or pediatric cardiac arrests.

\(^2\)Change 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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