Conversations and decisions on emergency treatment completed and documented

DNACPR

End of life care

Unresponsive and not breathing normally

Call resuscitation team
State COVID-19

Assess rhythm

Shockable (VF/Pulseless VT)

Up to 3 shocks

Don PPE
CPR for 2 min
Minimise interruptions

Return of spontaneous circulation

Immediate post cardiac arrest treatment
- Use ABCDE approach
- Aim for SpO2 of 94-98%
- Aim for normal PaCO2
- 12-lead ECG
- Treat precipitating cause
- Targeted temperature management
- AGP PPE if AGP interventions

Don PPE
CPR for 2 min
Minimise interruptions

Non-shockable (PEA/Asystole)

Don PPE
CPR for 2 min
Minimise interruptions

During CPR
- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Consider reversible causes 4Hs and 4Ts
- Use waveform capnography
- Continuous compressions when advanced airway in place
- Vascular access (IV or IO)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

Recommended PPE
Level 2 PPE
- Disposable gloves
- Disposable apron
- Fluid resistant surgical mask
- Disposable eye protection

Level 3 AGP (aerosol generating procedures) PPE
- Disposable gloves
- Disposable gown
- Filtering face piece (FFP3) respirator
- Disposable eye protection

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

Phase 1

Phase 2
At least Level 2 PPE

Phase 3
AGP PPE

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