**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

- **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
- Use a viral filter with any ventilation device, including BVM device, SGA or ETtube
- 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
  - Eye protection
- Level 3 AGP (aerosol generating procedures) PPE
  - Disposable gloves
  - Disposable gown
  - Filtering face piece (FFP3) respirator
  - Eye protection

**Consider**

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

**30/04/2020**