# Modified COVID-19 Advanced Life Support Algorithm for Adults

**Known or Suspected COVID-19 patient**

**Start CPR Immediately**
- Isolation room preferable but do not delay CPR for transport
- All staff should be in N95 masks and aerosol PPE
- Only include those individuals that are required for the resuscitation
- 30 compressions: 2 breaths via BVM with 2-handed seal, LMA or ETT

**Attach Defibrillator/Monitor**

**Assess Rhythm**

**Shockable**
→ **Shock** → **CPR**

**Non-shockable**
→ **CPR**

**Return of Spontaneous Circulation?**

**Post Resuscitation Care**

## During CPR:
- Airway adjuncts (LMA/ETT)
- Oxygen
- Wave form capnography
- IV/IO access
- Plan actions before interrupting compressions
- Drugs:
  - Shockable
    - Adrenaline 1mg after 2nd shock (then every second loop)
    - Amiodarone 300mg after 3 shocks
  - Non-shockable
    - Adrenaline 1mg immediately (then every 2nd loop)
- Consider and correct:
  - Hypoxia
  - Hypovolaemia
  - Hyper/hypokalaemia/metabolic disorders
  - Hypothermia/hyperthermia
  - Tension pneumothorax
  - Tamponade
  - Toxins
  - Thrombosis (pulmonary/coronary)

## Post Resuscitation Care:
- Re-evaluate ABCDE
- 12 lead ECG
- Treat precipitating causes
- Aim for SpO2 94-98%, normocapnia and normoglycaemia
- Targeted temperature management

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- Intubation should be done by the most experienced intubator
- Pause compressions before placing an advanced airway
- Prolonged bag-mask ventilation should be avoided
- An appropriate viral filter must be connected to any positive pressure oxygen delivery device, as close to the patient as possible
- Mechanical CPR devices may be useful to reduce the number of healthcare workers present during resuscitation