Out-of-Hospital Cardiac Arrest
Impact of Coronavirus

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Prioritize Oxygenation and Ventilation Strategies That Minimize Aerosolization

- Use a HEPA filter for all ventilation.
- Intubate early with a cuffed tube and connect to a mechanical ventilator, if available.
- If intubation is delayed, consider using a supraglottic airway.

Consider resuscitation appropriateness. Address the goals of care in anticipation of the potential need for increased levels of care.
Coronavirus Impact

- February: 46.0%
- March: 46.3%
- April: 40.0%

% of Bystander CPR (home/residence only)
% of Bystander CPR (public location only)

Month (2020)
COVID-19 and Cardiac Arrest

Edelson et al.: Interim Guidance for Life Support for COVID-19

- Lay rescuers
  - Should perform at least hands-on CPR
  - Face mask or cloth covering the mouth and nose of the rescuer and/or victim
  - Use AED
- Professional rescuers
  - Appropriate PPE
  - Limit number of responders
  - Consider mechanical CPR devices
  - DL vs VL vs SGA
  - Use HEPA exhaust filters and minimize circuit disconnects
  - Consider likelihood of resuscitation against risk to rescuers
- If ROSC has not been achieved after appropriate efforts in the field, consider no transport
  - Low likelihood of survival
  - Additional exposure to prehospital and hospital providers
Resuscitation

- Staying in place to provide **high quality** CPR
- CPR on scene until ROSC or asystole
- Sustained asystole – on scene termination
- Online Medical Control
Cessation Criteria

- >18 years of age
- No ROSC
- Remains in asystole/ PEA
- Adequate ventilation
- IV/IO access/ACLS medication administered
- No hypothermia
- Non traumatic
- Considered reversible causes

Special situations

- Pediatrics
- Witnessed arrests
- Persistent shockable rhythm
- Public arrests
- Pregnancy
QUESTIONS?

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