

Out-of-Hospital Cardiac Arrest Impact of Coronavirus

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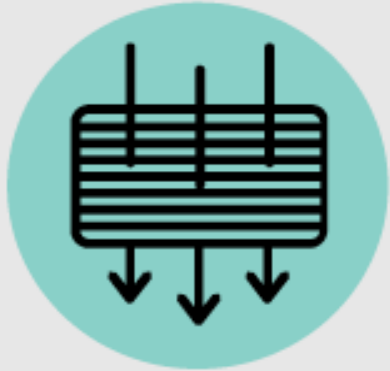


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Prioritize Oxygenation and Ventilation Strategies That Minimize Aerosolization



Use a HEPA filter for all ventilation.



Intubate early with a cuffed tube and connect to a mechanical ventilator, if available.



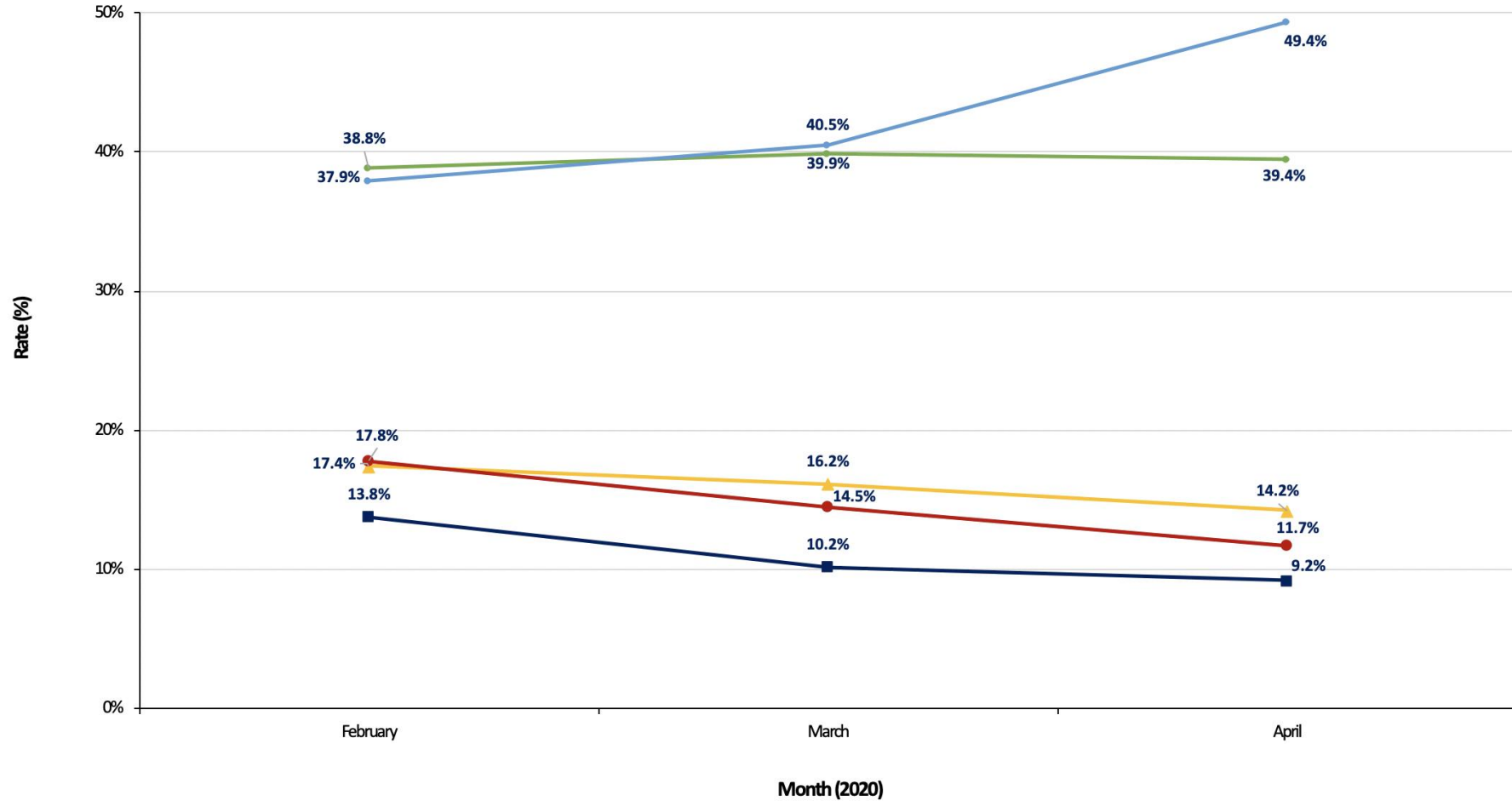
If intubation is delayed, consider using a supraglottic airway.



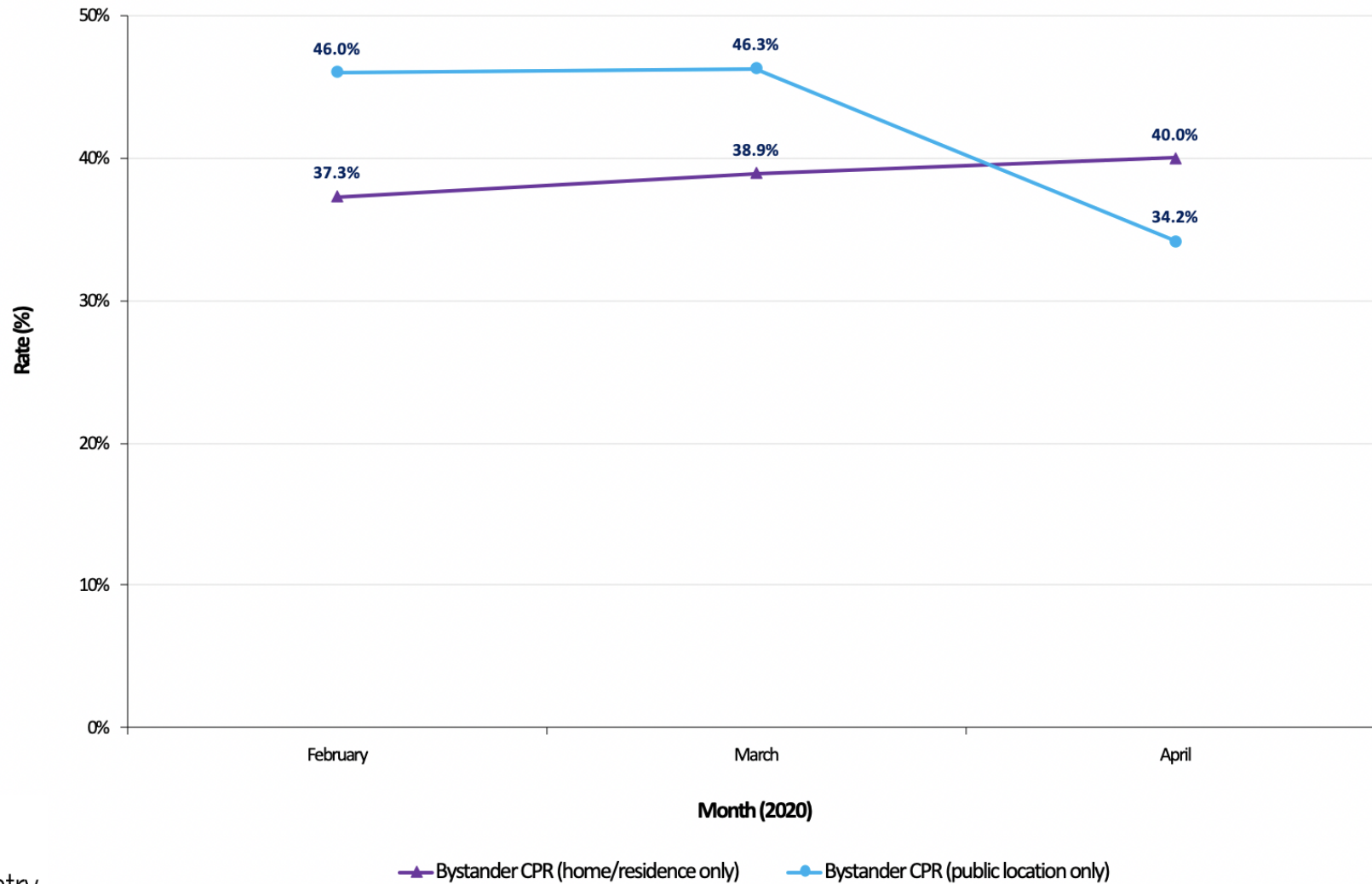
Consider resuscitation appropriateness. Address the goals of care in anticipation of the potential need for increased levels of care.



Coronavirus Impact



Coronavirus Impact



COVID-19 and Cardiac Arrest

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

10.1161/CIRCULATIONAHA.120.047463

- 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

Special situations



- >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

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

QUESTIONS?

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