ACLS Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients

Updated April 2020

Don PPE
- Limit personnel
- Consider resuscitation appropriateness

Start CPR
- Give oxygen (limit aerosolization)
- Attach monitor/defibrillator
- Prepare to intubate

Rhythm shockable?

CPR 2 min
- IV/O access
- Epinephrine every 3-5 min
- Consider mechanical compression device

Rhythm shockable?

Shock

CPR 2 min
- Epinephrine every 3-5 min
- Consider mechanical compression device

CPR 2 min
- Amiodarone or lidocaine
- Treat reversible causes

CPR 2 min
- If no signs of return of spontaneous circulation (ROSC), go to 10 or 11
- If ROSC, go to Post–Cardiac Arrest Care

Go to 5 or 7

© 2020 American Heart Association

CPR Quality
- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If PETCO₂ <10 mm Hg, attempt to improve CPR quality.
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.

Shock Energy for Defibrillation
- Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- Monophasic: 360 J

Advanced Airway
- Minimize closed-circuit disconnection
- Use intubator with highest likelihood of first pass success
- Consider video laryngoscopy
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Drug Therapy
- Epinephrine IV/O dose:
  1 mg every 3-5 minutes
- Amiodarone IV/O dose: First dose: 300 mg bolus. Second dose: 150 mg.
  or
- Lidocaine IV/O dose:
  First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Prioritize Intubation / Resume CPR
- Pause chest compressions for intubation
- If intubation delayed, consider supraglottic airway or bag-mask device with filter and tight seal
- Connect to ventilator with filter when possible

© 2020 American Heart Association