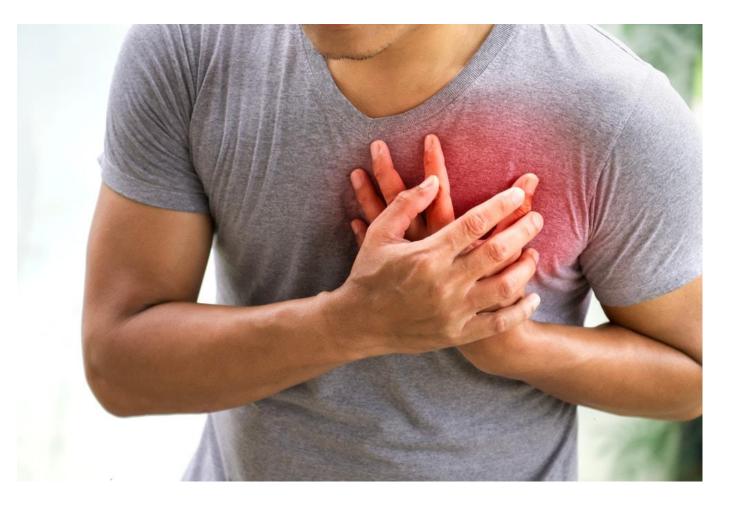
CPR in COVID

Fatemeh Mohammadi MD Assistant professor of emergency medicine IUMS

Increased OHCA!!!

• Delay in medical care



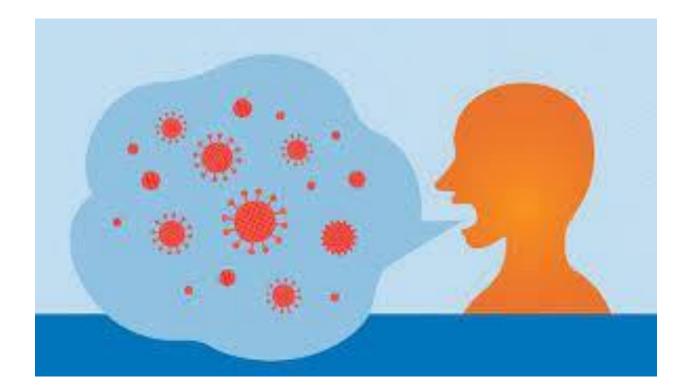
➢ Delay in doing CPR

➤ Fatigue of provider

Earlier termination of CPR



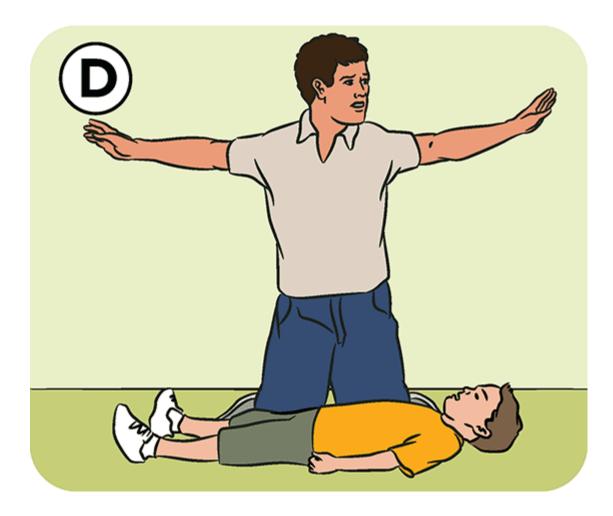
Transmission?



NO specific data on COVID transmission

BLS

• Safety



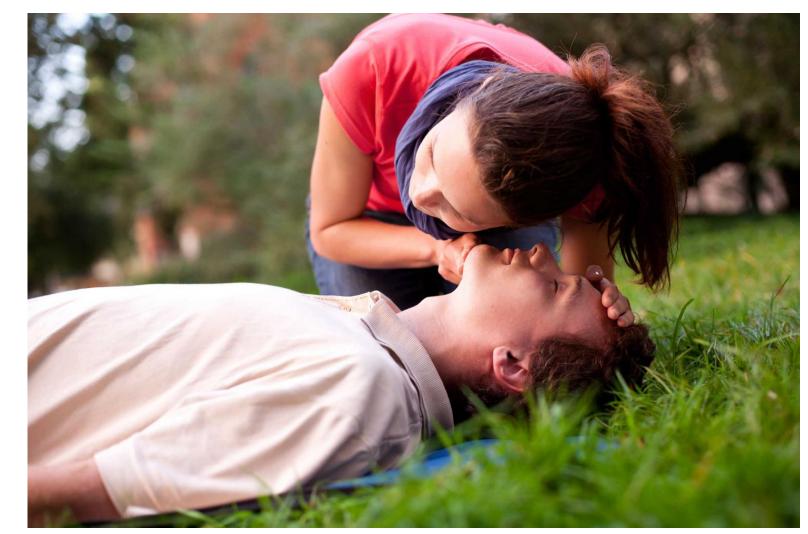
Arrest diagnosis:

• Apnea or abnormal breathing (only gasping)

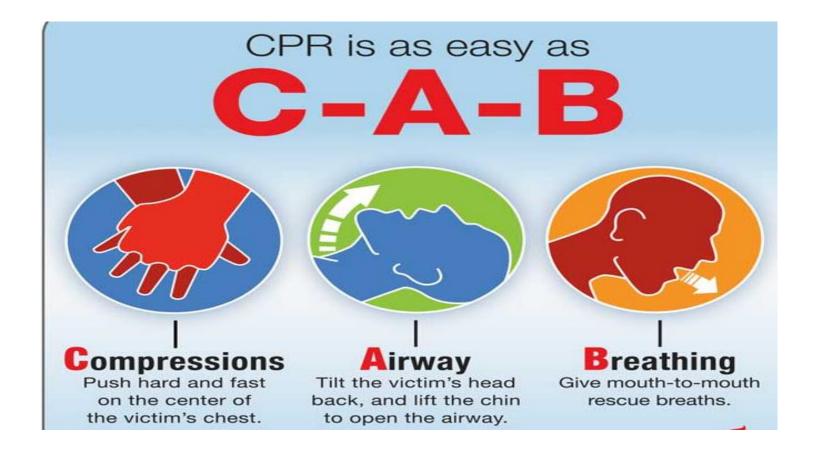
≻Only look

>Don't feel or listen

Check of breathing:



CAB



Chest compression :

Do not delay

➤Vaccinated or family member

PPE:



➢ Face mask or cover

➢ Patient and provider



Breathing:

➢No rescue breathing

>Only chest compression



If respiratory problem?

➢Infants

➤Young children

➢ Drowning

>drug overdose



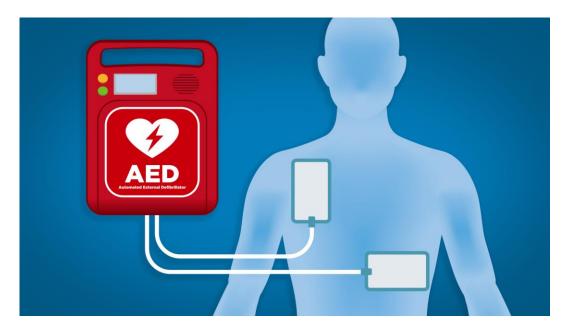
>In unvaccinated or unwilling: hands only

AED:

➤Should be used

≻Gloves if possible

Cleaned or disinfected after using



ACLS:

➢ Reduce provider risk :

➤Vaccination and booster dose

Reduce provider exposure:

Rapidly provide chest compression

► Without delay to PPE

Consider mechanical devices



➢Intubation , PPV, BMV:

► PPE



Agonal breathing or apnea:

➢ Passive oxygenation until HEPA filter ventilation

➢ HEPA for any ventilator



BMV

• With HEPA filter



Intubation:

• With highest chance of first pass success



"THANK YOU FOR YOUR ATTENTION"

