

CARDIOPULMONARY RESUSCITATION (CPR) – COVID-19

Policy and Procedure

Policy:

This facility respects resident's individual, decisions regarding advance directives and code status. Cardiopulmonary Resuscitation (CPR) will be initiated for residents with full-code status and residents who have not declared a code status in the event of cardiopulmonary arrest. CPR will *not* be initiated for residents who have declared a Do-Not-Resuscitate (DNR) status.

All clinicians should be aware that the efficacy of CPR is generally low in the nursing home population. CPR creates significant additional risk of contracting coronavirus due to viral aerosolization. Therefore, additional precautions are required when performing CPR during this pandemic. Effective immediately please follow these steps if CPR is necessary for any person who is suspected or diagnosed with COVID-19:

https://paltc.org/sites/default/files/01_Intro/CPR%20Guidance%20During%20the%20COVID-19%20Pandemic.pdf

Procedure:

1. In the event a resident is identified unresponsive, Don PPE including an **N95 respirator** mask, gown and face shield **BEFORE** initiating CPR.
2. Spread a clear plastic sheet over the resident **including the resident's head**.
3. Ensure that only the minimum number of essential healthcare professionals with appropriate PPE are present in the room while CPR is being administered.
4. Assess the A-B-C (Airway, Breathing, Circulation) to determine that there is no pulse or respiratory activity.
5. If it is determined that the resident has declared a full-code status, instruct a staff member to call 911 and inform them of a full-code requiring life support interventions and possible transportation to an emergency department
6. Instruct a staff member to retrieve the emergency cart.
7. Direct a member of the response team to contact the attending physician and responsible party. This staff member shall also complete a hospital transfer documentation per facility protocol.
8. Identify a member of the response team to document the code response including time of each intervention and resulting response. (Code Response Documentation Tool)
9. If ventilation is to be conducted, utilize a bag-valve mask **UNDER the plastic sheet** and ensure that **everyone in the room is wearing an N95 respirator mask. If N95 respirator masks are unavailable, perform hands-only CPR without ventilation until EMS arrives.**
10. Continue to administer chest compressions and rescue respirations using an N95 respirator mask (or chest compressions only) per the American Heart Association recommendations.
11. Facility staff shall defer all resuscitation efforts to Emergency Response Personnel once they arrive and assume the responsibility of maintaining life support interventions.
12. The licensed staff member initiating the full-code shall review the documentation of events that occurred, the actions initiated and the resulting response to each intervention. If there are additions and/or clarifications to the documentation, it must be done consistent with the facility documentation protocol.

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

13. Documentation of the event will be maintained in the resident’s medical record..

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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FULL CODE DOCUMENTATION

Resident Name: _____	Room Number: _____
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Date _____	Time: _____
Location: _____	Witness: _____

Time emergency code was announced	
Time code status verified	
Name and title of person verifying code status	
Time 911 was called	
Name and title of person calling 911	
Time physician was notified	
Name and title of person notifying physician	
Time airway was assessed	
Name and title of person assessing airway	
Time airway/ventilation was initiated	
Name and title of person initiating ventilation	
Ventilation method used	
Time pulse was assessed	
Name and title of person assessing pulse	
Time chest compressions were initiated	

Name and title of person initiating chest compressions	
AED applied (Yes/No)	
Time AED applied (if applicable)	
Name and title of person applying AED	
Time IV inserted (if applicable)	
IV solution instilled/rate	
Name and title inserting IV/instilling medications	
Time first responders arrive	
Time first responders assume resuscitation efforts	
Time of transfer to hospital	
Name of hospital	
Time death pronounced	
Name and title of person pronouncing death	
Name of person contacting mortuary	
Name of mortuary	
Time of family notification	
Name and title of person notifying family	
Physician follow up notification	
Name and title of person notifying physician of resident status	