

You are working in an hospital located in a city where community transmission of coronavirus / COVID-19 is very high. The emergency department responds to all code blue / resuscitation calls.

Your director has asked you to modify the cardiopulmonary resuscitation (CPR) guidelines for these responses, noting the high rate of cases in the community.

1. State eight (8) changes to the Airway and Breathing phases of CPR (6 marks)

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2. Complete the table below stating whether the resuscitative manoeuvre is or is not considered an aerosol generating procedure (4 marks)

Resuscitation Manoeuvre	Aerosol Generating Procedure (YES/NO)
Defibrillation	
Positive Pressure Ventilation	
Mechanical CPR device	
Intercostal Catheter	

## Marking Schema - Resuscitation Question

### 1. QUESTION 1 - any 8 of:

1. The patient's mouth and nose should be covered by an oxygen mask (if available) with flow of up to 10 L/min.
2. Additional protection against droplet or spray contamination is recommended, and can be achieved by covering the oxygen mask with a towel, cloth, surgical mask or clear plastic sheet.
3. Listening or feeling for breathing should not occur
4. Do not attempt to clear the airway using any other methods than a head tilt/chin lift
5. No open source suction (e.g. Yankeur) until in appropriate room with PPE staff
6. Provide passive oxygen at a flow rate of 10 L/min. Do not provide positive pressure ventilation until the patient is in an appropriate physical location and staff are wearing airborne PPE
7. Bag mask ventilation should be minimised
8. If bag mask ventilation required use two hands
9. If ongoing ventilation is required, a well fitted supraglottic airway device is preferred to a face mask
10. Suctioning through an endotracheal tube should occur through a closed inline system, in the highest level of isolation available and by a health care worker wearing airborne PPE
11. A Mapleson circuit (anaesthetic bag) is preferred due to the ability to provide passive oxygen flow without the need to deliver positive pressure ventilation
12. Video Laryngoscopy

2. Defibrillation - NO / PPV - YES / Mechanical CPR - NO (believed to be - ILCOR / Europe) / ICC - YES

Note - the author of this question understands there may be local variants to practice and will mark accordingly. However, there is widespread agreement when community rates are high hence the use of this in the stem. The College has a consensus guideline which was the reference for this:

<https://www.mja.com.au/journal/2020/213/3/management-adult-cardiac-arrest-covid-19-era-consensus-statement-australasian> (Last accessed 7th August 2020)