Positive COVID-19 or PUI with Increasing Oxygen Requirement or Difficulty Breathing?

- Notify FCP/Responsible Provider
  - FAX/Faxing - Admit via ER RT
- Consider Immediate Intubation
  - FHC at inpatient

<table>
<thead>
<tr>
<th>Confirm Goals of Care</th>
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<tbody>
<tr>
<td>Discuss risks and treatment options with patient</td>
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<tr>
<td>FCP to plan code status order</td>
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<td>Document grade of care discussion in event notes</td>
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End of Life Considerations

Current considerations:
- Recommendations regarding CPR in Patients with COVID-19
  - CPR should be performed for COVID-19 infected or critical care patients with patient preferences/certificates
  - CPR should not be performed for uninfected cardiac arrest due to increased risk of hospitalization and potential iatrogenic harm
  - CPR should be considered if cardiac arrest is not due to COVID-19

Prepare for Entry Initiation

- Review all risk factors for cardiovascular disease
- Ensure all necessary imaging studies (e.g., EKG, chest x-ray)
- Initiate appropriate medications (e.g., beta-blockers, anticoagulants)
- Consider placing invasive monitoring devices (e.g., arterial line, central line)

Implement respiratory failure

- Review all risk factors for respiratory failure
- Initiate appropriate medications (e.g., bronchodilators, inhaled corticosteroids)
- Consider placement of non-invasive ventilation (e.g., nasal cannula, bilevel positive airway pressure)

For Cardiac Arrest

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Limit personnel to 2 or less in the room (bystanders)
- Do NOT Bag-Mask Ventilation
  - Provide compressions only, no CPR until intubation
  - Administer oxygen via non-invasive face mask
  - Follow institutional protocol
- Keep the crash cart outside the room
- Defibrillation as needed
- Pause compressions to intubate
- No defibrillator is available

For Respiratory Failure

- Keep patient on the floor
- Consider use of pulse oximeters not ordered
- Notify family
- Page CNS/PM team/SW

For COVID-19 and Cardiac Arrest

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
- Provide intubation with a face mask
- Keep the crash cart outside the room
- Defibrillation as needed
- Pause compressions to intubate
- Limit personnel in the room to the minimum necessary

For COVID-19 and Respiratory Failure

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
- Provide intubation with a face mask
- Keep the crash cart outside the room
- Defibrillation as needed
- Pause compressions to intubate
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For COVID-19 and Both

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
- Provide intubation with a face mask
- Keep the crash cart outside the room
- Defibrillation as needed
- Pause compressions to intubate
- Limit personnel in the room to the minimum necessary

For COVID-19 and All

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
- Provide intubation with a face mask
- Keep the crash cart outside the room
- Defibrillation as needed
- Pause compressions to intubate
- Limit personnel in the room to the minimum necessary

For COVID-19 and None

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
- Provide intubation with a face mask
- Keep the crash cart outside the room
- Defibrillation as needed
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For All and Cardiac Arrest

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
- Avoid Bag-Mask ventilation prior to intubation if feasible
- Only with consent of the provider charged with intubating the patient (e.g., DOCC/ED physician)
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For All and Respiratory Failure

- Obtain appropriate PPE (e.g., N95/Respirator, eye protection, gown, gloves)
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