



# ALS modifications for ALL patients during the COVID-19 pandemic

Check COVID status and don PPE as per guideline

Minimise responders to essential staff only

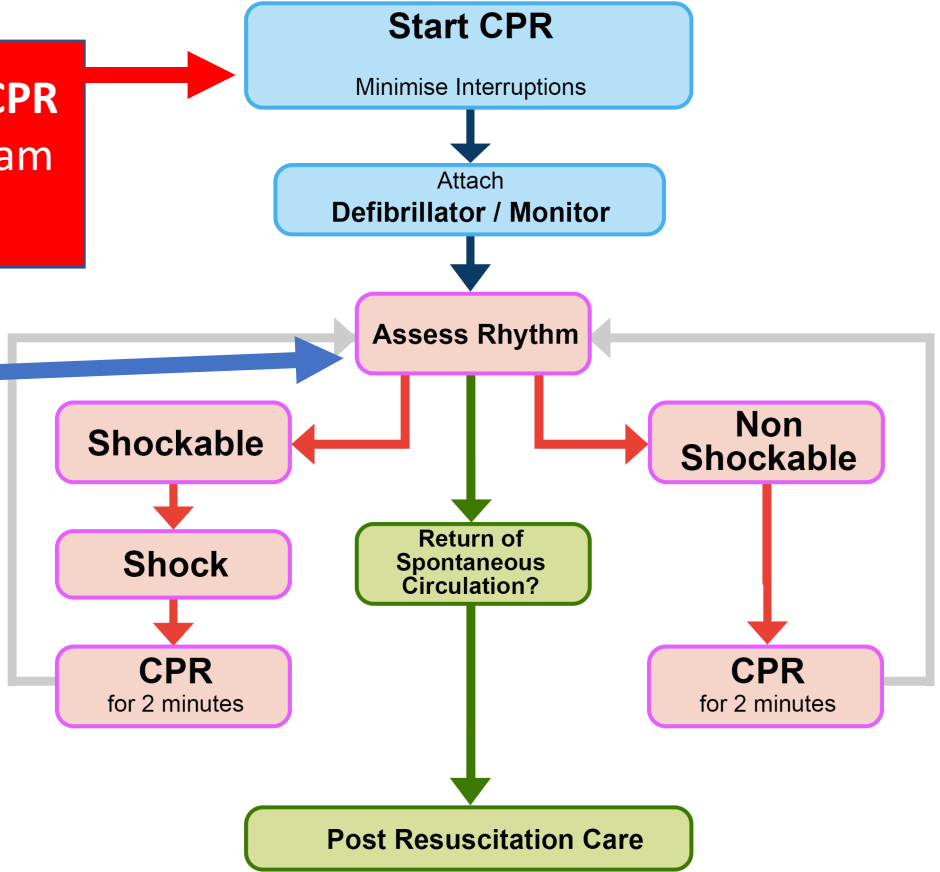
## Advanced Life Support for Adults

**COMPRESSION ONLY CPR** until code response team arrives

Use **COACHED** for ALS rhythm checks  
**Intubated = closed circuit,** do not disconnect for defibrillation

**Early intubation**  
**Experienced airway operator** (video laryngoscope recommended)  
**Viral filter** must be placed in circuit closest to airway device  
**Minimise disconnections**

**During a cardiac arrest,** CPR and intubation can take place outside of a negative pressure room



**During CPR**  
 Airway adjuncts (LMA / ETT)  
 Oxygen  
 Waveform capnography  
 IV / IO access  
 Plan actions before interrupting compressions (e.g. charge manual defibrillator)

**Drugs**  
**Shockable**  
 \* Adrenaline 1 mg after 2nd shock (then every 2nd loop)  
 \* Amiodarone 300mg after 3 shocks  
**Non Shockable**  
 \* Adrenaline 1 mg immediately (then every 2nd loop)

**Consider and Correct**  
 Hypoxia  
 Hypovolaemia  
 Hyper / hypokalaemia / metabolic disorders  
 Hypothermia / hyperthermia  
 Tension pneumothorax  
 Tamponade  
 Toxins  
 Thrombosis (pulmonary / coronary)

**Post Resuscitation Care**  
 Re-evaluate ABCDE  
 12 lead ECG  
 Treat precipitating causes  
 Aim for: SpO2 94-98%, normocapnia and normoglycaemia  
 Targeted temperature management

