

## **Guidance for Decisions Regarding Cardiopulmonary Resuscitation during the COVID19 Pandemic**

The purpose of this document is to establish relevant considerations and provide guidance regarding offering CPR during the COVID19 pandemic. If demand for critical care resources outstrips supply during a public health emergency, this could result in a change in usual healthcare operations, and limited resources may affect the care that it is possible to deliver. As a result, certain public health emergencies may give rise to the need to transition temporarily to “crisis standards of care.” While operating under crisis standards of care, the focus of medical care may shift from the individual patient to promoting the thoughtful use of limited resources for the best possible health outcomes of the population as a whole. As such, there are three important considerations in the current pandemic:

- (1) The possibility that CPR may not offer benefit for COVID patients, particularly those with advanced age and comorbidities, and/or with progressive respiratory failure despite maximal levels of invasive mechanical ventilation.
- (2) The probability that performing CPR on patients with COVID will increase transmission to healthcare workers, threatening their own well-being and reducing their availability to treat future patients.
- (3) The value of making treatment decisions on individualized, case-by-case bases, rather than via blanket withholding of certain treatments from certain groups.

### RECOMMENDATIONS:

- 1) Attending physicians are not obligated to offer or to provide CPR if resuscitative treatment would be medically inappropriate, even at the request of a patient or legally authorized representative. For patients with or without COVID, a determination that CPR would be medically inappropriate may be made on the grounds that CPR would not serve a medical purpose because of the patient’s prognosis with or without CPR. In addition, for patients with COVID, the risks to healthcare providers of performing CPR may influence a determination that CPR is not medically appropriate, if coupled with considerations of individual patients’ prognoses. Finally, if personal protective equipment (PPE) is already being rationed, the need for substantial PPE use to perform high-quality CPR may inform determinations of medical appropriateness, if coupled with considerations of patients’ prognoses.
  - a. In the event that the institution has implemented Crisis Standards for Critical Care Triage, it may also be appropriate not to offer CPR for certain patients with or without COVID, on the grounds that if the patient had a cardiac arrest and return of spontaneous circulation were achieved, the patient would not receive a high enough priority for subsequent critical care. When possible, this determination should be made in coordination with the institution’s triage officer.
- 2) If an attending physician, in conjunction with other clinicians involved in a patient’s care, determines that CPR is not medically appropriate for any of the above reasons, s/he should solicit the independent review of a second attending physician who is not involved in the patient’s care. If the second attending concurs that CPR is medically inappropriate, then the primary attending should enter a Do Not Resuscitate order in the medical record and document how this decision was made.
- 3) Physicians who decide not to offer CPR should inform the patient or representative of this decision and its rationale, and assure the patient that that all other forms of indicated care will continue. Patient or representative assent should be sought, but is not required.