

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

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The purpose of this document is to provide guidance regarding decision-making around cardiopulmonary resuscitation (CPR) during the COVID19 pandemic. There are two guiding considerations:

- (1) The possibility that CPR may not offer benefit for COVID patients, particularly those with advanced age and comorbid cardiovascular disease, diabetes, hypertension, and respiratory disease.
- (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.

RECOMMENDATIONS:

- 1) Consistent with current hospital (Withholding and Withdrawing Life Sustaining Therapy), an attending physician is 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 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 infected 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 that patient's prognosis.
 - a. In the event that the institution has implemented its 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 a Do Not Resuscitate order should be entered, and the primary attending should document in the electronic health record how the 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 s/he/they will continue to receive all other forms of indicated care. Patient or representative assent should be sought but is not required.