

EMS Guideline for Care of Patients with Suspected COVID-19



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Clinical concern for COVID-19 infection &
Symptoms requiring EMS Treatment and Transport



Don PPE**
Place surgical mask on patient (may use NC under mask)



Stabilizing Measures

1. Administer oxygen (NC preferred) and titrate to SaO₂ of $\geq 88\%$
2. Obtain IV/IO access as indicated
3. Administer IVF only to treat shock (SBO <90)
4. Modify standard guidelines to minimize aerosolization of the virus.*



1. Transport to the closest appropriate receiving facility
2. Provide receiving facility notification:
 - "Possible COVID-19"
 - Primary Symptoms
 - If any aerosolizing measures were used (Avoid use, if possible. See asterisk below*)

*Basic Airway management:

- Perform all basic and advanced airway procedure in enhanced PPE **
- Avoid high flow oxygen: maintain an O₂ sat $\geq 88\%$ using < 6LPM O₂.
- Place surgical mask over nasal cannula.

*Medications:

- No nebulizer use for patients with wheezing and likely COVID-19.
- Consider using patient's own MDI, 1-2 puffs every 5 minutes.
- Administer 0.3 mg of IM epinephrine, 1:1000, no more than once every 20 minutes, if needed for respiratory distress, use caution in patients over the age of 50 or with known cardiac disease.

*Avoid Positive Pressure Ventilation (PPV): CPAP/BIPAP

*Advanced Airway Management:

- Early RSI is not recommended in the prehospital setting.
- **For cardiac arrest, avoid endotracheal intubation and high flow O₂ for passive oxygenation.**
 - Insertion of supraglottic airways is preferred.
 - Passive oxygenation in cardiac arrest may be performed by attaching a BVM to the SGA (with a viral filter, if available), allowing oxygen to flow through the BVM or passive oxygenation port at 10 Lpm without manual ventilation.
 - When ventilation is necessary, agencies should use available devices to limit exposure to aerosolized particles (examples: PEEP valves to close exhalation ports when present, viral filters, etc.)

**Enhanced PPE: prioritize use of masks blocking aerosolized particles (N95, P100, etc.) when any medication or procedure is being provided that generates aerosolized particles (nebulizers, PPV, airway suction, etc.)