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Dr. John Lang has been treating critically ill COVID-19 patients during the month of March at University Medical Center of Washington in Seattle. The following is a summary of his important points used at that institution during this time regarding ventilation strategies, anticoagulation, and CPR.

Regarding COVID pneumonia with and without ARDS:

1. Protective ventilation (6ml/kg) tidal volumes with higher PEEP settings and keeping plateau pressures less than 30mm Hg is the primary ventilation treatment. This can be achieved with a volume or pressure mode of ventilation. APRV can be effective as well.
2. As described, most COVID patients start out with higher compliances but go on to develop lower compliances as they progress.
3. Placing the patient in prone position is helpful. Dr. Lang uses 16 hours prone and eight hours supine.
4. Conservative fluid therapy with negative fluid balance is important.
5. 40 to 50 percent of these patients develop a secondary bacterial pneumonia.
6. It takes at least three to four weeks to recover a patient from COVID pneumonia with ARDS.
7. Dr. Lang feels hypercoagulopathy is a real COVID-related phenomenon; therefore, their patients are all placed on low-dose unfractionated heparin drips following anti-Xa levels.

Regarding CPR:

1. It is imperative that full PPE be worn by CPR personnel even if it means a delay in establishing CPR.
 - a. Lack of protection poses a risk to the providers.
 - b. Infection of providers not only can affect a team member's health but deteriorate the response of the hospital to the mission of maintaining access to care for the maximum number of patients.
2. Prolonged hypoxemia of the patient may occur because of the need for proper PPE measures. This is inherent in the problem of caring for these patients.
3. On a few occasions because of the medical complexity of a specific case, comfort care instead of CPR may be the best option.
4. To prevent waste of materials and contamination of the main Code Cart, modular packs of resuscitation drugs/supplies are placed in rooms.
5. They used a Code Czar who assures proper PPE donning and doffing and to limit the number of people into a code situation.