COVID+ or Suspected + Oxygen Escalation Flow

**HFNC preferred non-invasive strategy**

**Should be performed in negative pressure room.**
- FiO2 should always be sent at 100% initially.
- Initial LPM should be set at 20 LPM.
- LPM should be titrated up with a maximum of 60 LPM as needed in order to achieve an SpO2 >88%.
- Titrate Flow, then FiO2 to achieve Sat < 95%
- Place Surgical Mask

**CPAP**

**Should be performed in negative pressure room.**
- FiO2 should always be set at 100%
- CPAP should be set at 5.
- Increase to 12 cm H2O to maintain Sat > 88%
- Titrate FiO2 to keep SAT < 95%
- Ensure no leak

**NRB @15 L w/ NC @6 L**
- When HFNC and CPAP are not available for patient on a nonrebreather w/ SpO2 < 90%, a nasal cannula should be applied under the nonrebreather at 6 L/min.
- Titrate NRB flow to achieve Sat 88-95%
- Place Surgical Mask

**CARP Repositioning** should be encouraged in all patients and may be considered in PRIORITY 1 patients however Physician should be aware that each position appears to induce a non-sustainable improvement in SpO2. Positioning should therefore be seen as “buying time” rather than “recruiting.” Regardless of SpO2 improvement, PRIORITY status should not change based on SpO2 improvement during repositioning.

**PRIORITY 1 – Patient’s at HIGH risk for requiring intubation**

- Requiring 90% - 100% to achieve sat > 88%
- ALL PATIENTS ON CPAP
- On NRB w/ 6L NC w/ SpO2 < 85

Consider intubation:
- Hypoxemic patient on maximal non-invasive oxygen with SpO2 <85% w/ distress or changes in mental status. Presenting typically in the form of anxiety, air hunger, large Vt breaths, accessory muscle use, obtundation, and/or normalization of PCO2).
- Hypoxemic patient on maximal non-invasive oxygen with sustained SpO2 < 80%. Intermittent dips < 80 may be tolerated so long as patient has pristine mental status and appears comfortable.
- If SpO2 < 80%, carefully consider the clinical context and determine as best we can whether increased PEEP (vent lung injury) or low SpO2 is more injurious to the patient.

Adapted from Cameron Kyle-Sidell