

COVID+ or Suspected + Oxygen Escalation Flow

Beware - If the patient's oxygen gets disconnected, they may immediately have a cardiac arrest

NC 1-6 LPM
and then NRB to
achieve Sat ≥ 90

Hypoxemia SpO₂ < 90%
on Non-Rebreather

HFNC

CPAP

NRB @15 L w/ NC @6 L

****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

****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

- 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.