



## Management of oxygenation failure on COVID-19 wards

This is a dynamic guideline: as COVID-19 management strategies change there will be updates through the QR readers

### Clinical Pathway

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### Management of oxygenation failure on COVID-19 wards

#### General management

- Target oxygen saturations 90-94% using nasal cannula, face mask, non-rebreather mask, or Respiflow
- Maintain hydration
- Manage co-morbidities
- Administer antibiotics pending throat swab result
- Thromboprophylaxis
- Steroids and Remdesivir
- Determine the patient's escalation status and suitability for ITU. Decision should be made by a senior clinical decision maker.

#### TRIAL CPAP/proning

Staff managing patients on CPAP need to wear full PPE (FFP3 Masks, visor, gown and gloves).

Alternate between CPAP and prone self ventilation as tolerated. Trial of proning on CPAP if tolerated.

#### CPAP and oxygenation

Increasing CPAP pressures will reduce  $\text{FiO}_2$ , therefore adjust pressures and  $\text{FiO}_2$  to keep saturations within range 90-94%.

At 10cmH<sub>2</sub>O with 15L/min of oxygen entrained, DreamStation CPAP machine will deliver  $\text{FiO}_2$  approximately 65%.

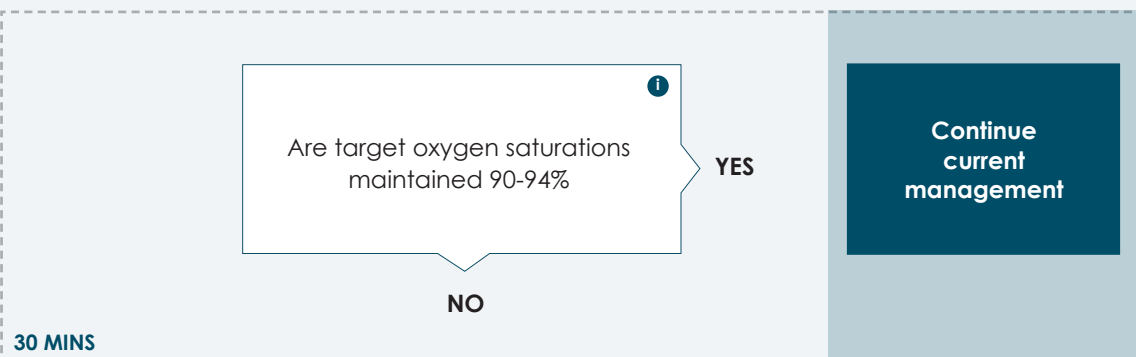
#### Twice daily senior clinical review

Discussion with ICU based on anticipated trajectory of illness and response to treatment defined by subjective criteria, clinical assessment and objective criteria.

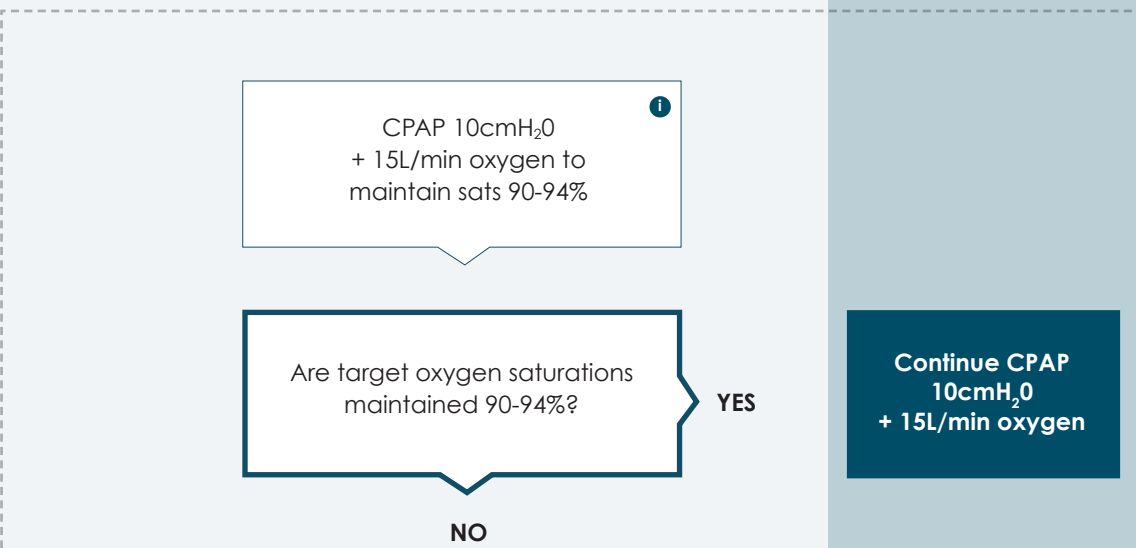
#### Palliative support

Consider low dose opiates (e.g. oramorph 2.5 - 10mg) or benzodiazepine (e.g. lorazepam 0.5 - 1mg p.o) if patient struggling to tolerate CPAP.

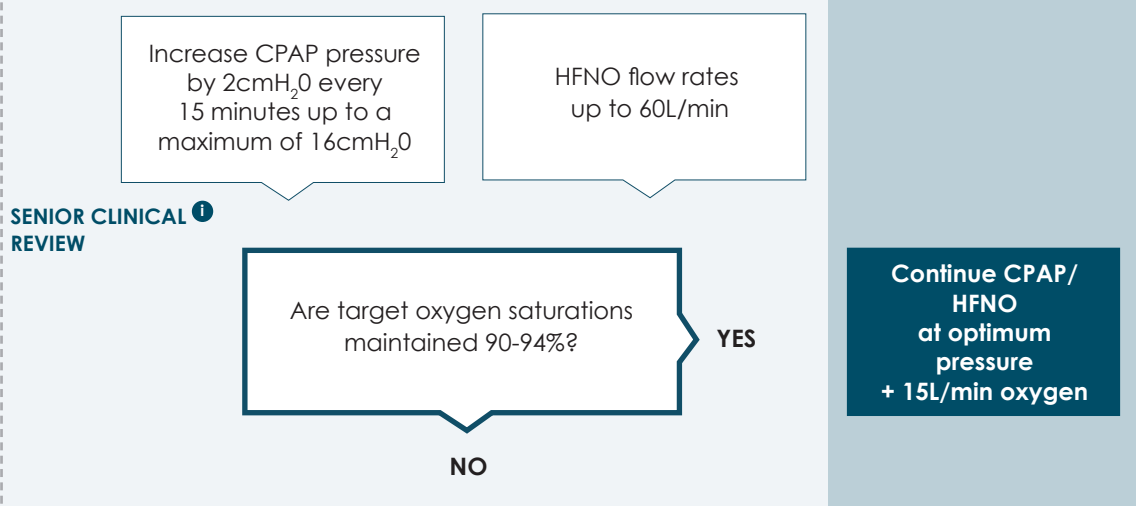
#### STEP 1: ASSESS OXYGEN SATURATION



#### STEP 2: TRIAL CPAP/PRONING



#### STEP 3: TITRATE CPAP/CONSIDER HFNO IF NOT TOLERATED



#### STEP 4: TRIAGE

