



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

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 FiO_2 , therefore adjust pressures and FiO_2 to keep saturations within range 90-94%.

At 10cmH₂O with 15L/min of oxygen entrained, DreamStation CPAP machine will deliver FiO_2 approximately 65%.

Twice daily senior clinical review

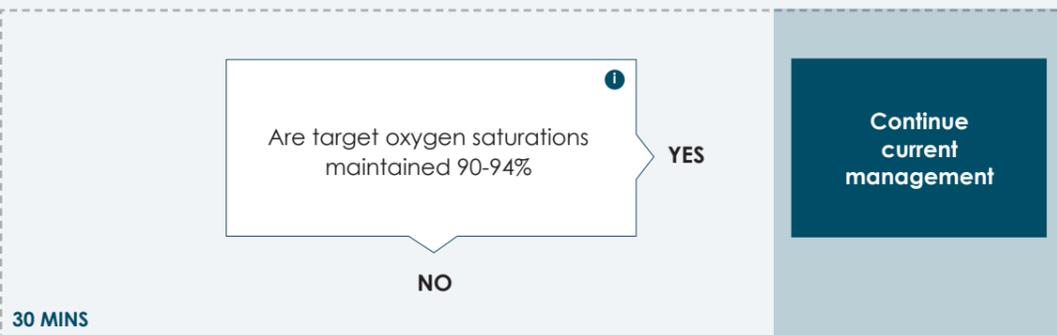
Early discussion with ITU to alert at risk patients

Decision to transfer to ITU in patients for escalation based on senior clinician concern around oxygenation trends over time

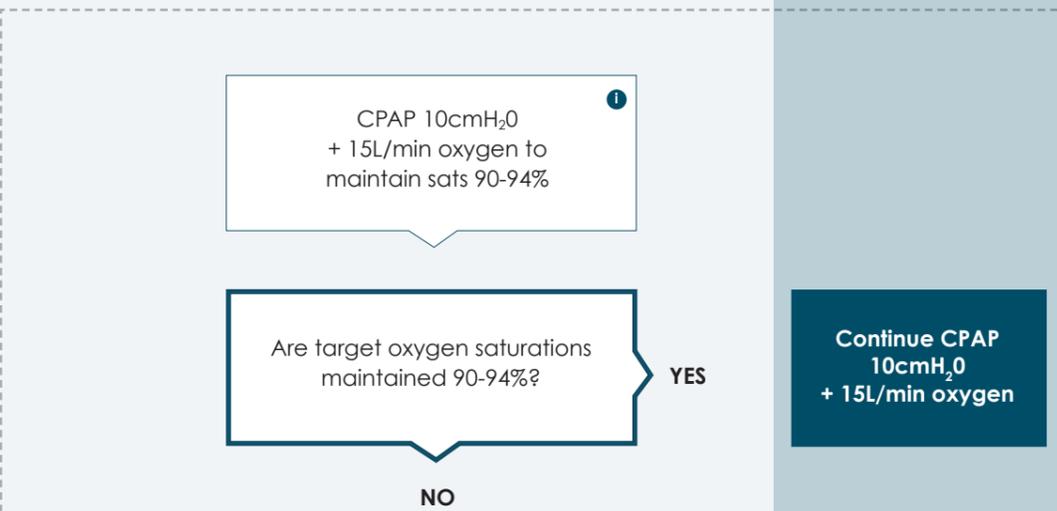
Palliative support

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.

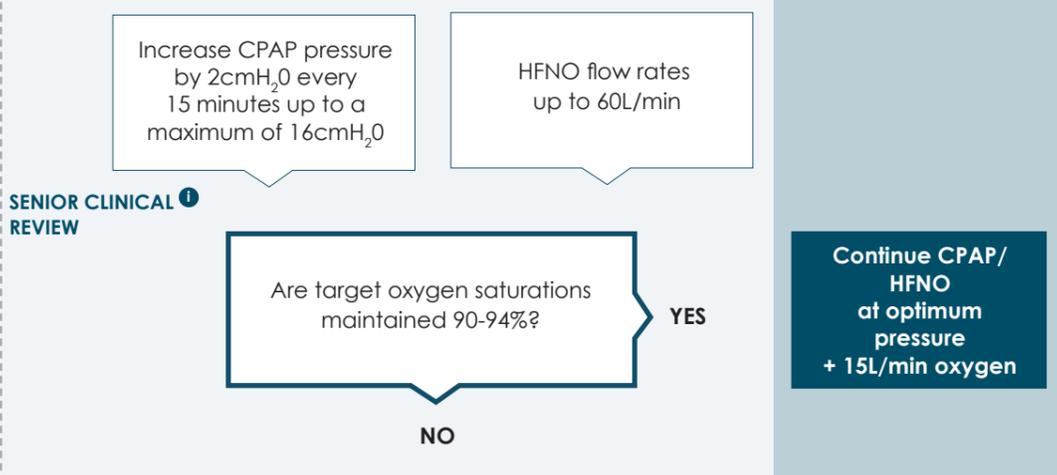
STEP 1: ACCESS OXYGEN SATURATION



STEP 2: TRIAL CPAP/PRONING



STEP 3: TITRATE CPAP/CONSIDER HFNO IF NOT TOLERATED



STEP 4: TRIAGE

