

RespED [RED] Flow Chart

Triage - Any of....

- a) **Fever** (>37.8 C or History of)
- b) **New Persistent Cough** (Defined as >1hr or >3 episodes in 24hr)
- c) **New Breathlessness**
- d) **Flu like illness**

In Doubt?

Contact: 08-00:00 Consultant
00-08:00 Middle Grade

Yes to ANY **No to ALL**

Admission to RespED [RED]

Senior RAT:

- a) Is the patient fit for discharge?
- b) Is there a likely alternative diagnosis?
- c) Patient **DOESN'T** require resuscitation?

Remove from Pathway

- a) Home
- b) LCD
- c) Normal ED [NED]
- d) Obvious Admission - Follow speciality pathway

Likely Covid

Covid-19: Respiratory Home Management Criteria

Patients with:

- a) SaO₂ >93% on room air, RR < 20bpm and pass "40 step"/functional assessment
- b) Chronic respiratory conditions who's SaO₂ is at their baseline on room air
- c) Type II respiratory failure who's SaO₂ is ≥ 88% on room air

Discharge Home

Remember To consider:

- a) Other health issues
- b) Social factors/support

FAIL

1. Oxygen Therapy FiO₂ < 50%

Initially target: SaO₂ >92% during resuscitation
Once stable target:

- a) SaO₂ 92-96% for Adults (**without** type 2 respiratory failure)
- b) SaO₂ 88-92% for Adults (**with** type 2 respiratory failure)
- c) SaO₂ 92-96% for Pregnant Adults
- d) SaO₂ >94% for Children

Document; Resuscitation status & Escalation plan

Admit to

FOR escalation: Resp/Acute Floor
NOT for escalation: Ward 17/6CD

Observe for deterioration and escalate early for ICU decision.

FAIL

2. Oxygen Therapy FiO₂ >50%

1. **Oxygen Therapy** (FiO₂ >50%, Target SaO₂ >92%)
2. **Awake Proning** - this can significantly improve oxygenation
3. **Call ICU** - if patient is suitable for ICU escalation

Consider:

- a) Clinical Frailty Scale (esp. if 5 OR more)
- b) Co-Morbidities (Cardiovascular, COPD, Dementia, Diabetes, Malignancy)
- c) Age (esp. over 80yrs, but poor outcomes seen in the over 65yrs)
- d) Pre-Morbid exercise tolerance

Not for ICU escalation - Clear escalation plan documented
For ICU escalation - Either admit to ICU or ICU to document a clear escalation plan (inc. triggers)

Admit to

FOR escalation: Resp/Acute Floor
NOT for escalation: Ward 17/6CD

Observe for deterioration and escalate early for ICU decision.

Fail

3. CPAP/NIV: Admit to Resp/Acute Floor

Considerations:

- a) NIV is reserved for Type II respiratory failure & chronic respiratory conditions
- b) **AVOID HFNO** senior decision only (CPAP/NIV produce less aerosol) - See SOP
- c) CPR decision & clear escalation plan **MUST** be documented
- d) Patient **MUST** be in a side room or cohort area

Admit to ICU

Observe for deterioration and potential de-escalation

For CPAP

CPAP: PEEP 8-12cmH₂O - review at 2hrs

Patients requiring higher levels will likely die without mechanical ventilation
Escalation Plan - **MUST** be documented

NIV

Remember:

- a) Non vented Mask (ours are)
- b) Viral/Bacterial filter at both mask and machine end of tube
- c) Remove any humidifiers
- d) Low threshold for palliation

Stable **Deteriorating**

Continue - review 6hrs
if not improving consider palliation

Escalate OR Palliate (Ward6/6AB)

