

# 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?

Yes

## 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) SaO<sub>2</sub> ≥94% on room air, RR < 20bpm and pass 40 step/functional assessment
- b) Chronic respiratory conditions who's SaO<sub>2</sub> is at their baseline on room air
- c) Type II respiratory failure who's SaO<sub>2</sub> is ≥ 88% on room air

Stable

## Discharge Home

### Remember To consider:

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

FAIL

## Oxygen Therapy (initially 5l/min can titrate up to 15l/min NRB)

**Initially target:** SaO<sub>2</sub> >92% during resuscitation

**Once stable target:**

- a) SaO<sub>2</sub> ≥94% for Children/Adults (**without** type 2 respiratory failure)
- b) SaO<sub>2</sub> 88-92% for Adults (**with** type 2 respiratory failure)

**Document; Resuscitation status & Escalation plan**

Stable

## Admit to COVID-19 Area

Observe for deterioration and escalate early for ICU decision.

FAIL

## ICU Escalation & Consider CPAP

(patient requires FiO<sub>2</sub> >40% and SaO<sub>2</sub> <94% OR RR ≥20bpm)

### Considerations:

- 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

For ICU

## Admit to ICU COVID-19 Area

Observe for deterioration and potential de-escalation

NOT for ICU

ICU Plan

## Admit to COVID-19 Area

**Oxygen Therapy** (FiO<sub>2</sub> >50%, Target SaO<sub>2</sub> >92%)

**Awake Proning** - this can significantly improve oxygenation

- a) **Not for ICU** - Clear escalation plan documented
- b) **ICU Plan** - Clear escalation plan (inc. triggers) documented by ICU

Fail

## CPAP/NIV usage

### 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

For NIV

## 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

For CPAP

## CPAP: PEEP 8-12cmH<sub>2</sub>O - review at 2hrs

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

Stable

Deteriorating

**Continue** - review 6hrs  
if not improving consider palliation

**Escalate OR Palliate**

