RespED [Covid] 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) **Altered Sense of Smell/Taste**

In Doubt?
Contact: ED senior

Admission to 'High RISK' ED

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) 'Medium RISK' ED
c) Obvious Admission - Follow speciality pathway

Covid-19: Respiratory Home Management Criteria

Patients with:

a) SaO_2 ≥94% on room air, RR< 20bpm and pass 40 step/functional assessment
b) Chronic respiratory conditions who's SaO_2 is at their baseline on room air
c) Type II respiratory failure who's SaO_2 is ≥ 88% on room air

Stable

Discharge Home

Remember To consider:

a) Other health isssues
b) Social factors/support

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

Targets:

a) SaO_2 >94% for Children/Adults (**without** type 2 respiratory failure)
b) SaO_2 88-92% for Adults (**with** type 2 respiratory failure)

Document; Resuscitaion status & Escalation plan

Stable

Admit to COVID-19 Area

Observe for deterioration and escalate early for ICU decision.

ICU Escalation & Consider CPAP

(Patient requires FiO_2 >40% and SaO_2 <94% OR RR≥20bpm)

Ideally CPAP started on HDU/ICU: ED Senior MAY choose to start in ED if Clinical need OR Significant transfer delay ['High RISK' Resus]

Suitability of CPAP 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

For ICU

Admit to ICU COVID-19 Area

Observe for deterioration and potential de-escalation

Admit to COVID-19 Area

Oxygen Therapy (FiO_2 >50%, Target SaO_2 >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

CPAP/NIV usage

Considerations:

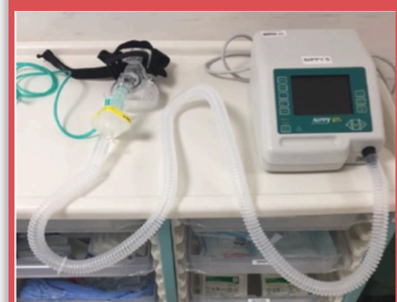
a) NIV is reserved for Type II respiratory failure & chronic respiratory conditions
b) **AVOID HFNO** senior decicion only (CPAP/NIV produce less aerosol) - See SOP
c) CPR decision & clear escalation plan **MUST** be documented
d) Patient **MUST** be in 'High RISK' Resus

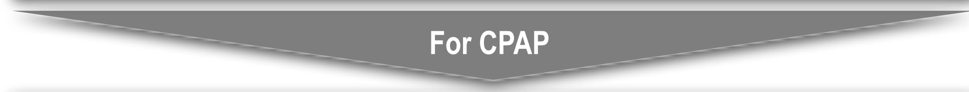
For NIV

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





CPAP: PEEP 8-12cmH_2O - review at 2hrs

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

Continue - review 6hrs
if not improving consider palliation

Escalate OR Palliate

CHFT Guidline: Author CRG; V 4.0