ED COVID-19: O_2 ESCALATION PATHWAY v2.1

DELIVER O_2 IN THE FOLLOWING ORDER

1 LOW FLOW NASAL PRONGS 1-4 L/MIN WITH SURGICAL FACE MASK COVERING MOUTH AND NOSE

If sats persistently < 88%

2 HUDSON MASK 4-8 L/MIN AND TITRATE UNTIL SATS 88-90%

If sats persistently < 88%

3 HUDSON NON-REBREATHER MASK 8-15 L/MIN AND TITRATE UNTIL SATS 88-90%. CONSIDER HFNP IF AVAILABLE AFTER DISCUSSION WITH ICU OR COVID CONSULTANT (RESP)

TRANSFER PROTOCOL

- Transfer team requires fresh PPE, not originally used for intubation
- Secure all points along route
- Inform target destination prior to transfer
- If transfering with NP cover their face with a surgical mask or HM
- If transferring with NRM cover patient face with a visor

LIAISE EARLY WITH ICU TO AVOID ED INTUBATIONS

CALL 'SAS TEAM' TO PERFORM ED INTUBATIONS IN ALL SUSPECTED COVID PATIENTS IF TIME ALLOWS

4 RAPID SEQUENCE INDUCTION IN ED ONLY IF UNABLE TO TRANFER TO ICU SAFELY WITH 3 OR IF PATIENT ARRESTS (CONSIDER BOUNDARIES OF CARE). DO NOT PERFORM CPR WITHOUT AEROSOL PPE

- Staff to use pressure-test application of N95, visor, gown and double gloves
- 2 doctors, 2 nurses
- Use COVID intubation pack and medications provided
- Preoxygenate using PASSIVE CPAP with BVM and PEEP valve 10-20 cmH_20 with in line HEPA viral filter (DO NOT VENTILATE USING THE BVM)
- Double hand application of mask to ensure tight seal
- Turn off nasal prongs prior to intubation (to minimize aerosol)
- Use C-MAC or disposable laryngoscope if available, but normal laryngoscope is acceptable (maintain arms length distance)
- Use SUX if possible for paralysis to minimise cough
- Ensure a HEPA (viral) filter is attached to the mask or the end of the ET tube at ALL times
- Inflate ET balloon prior to BVM
- Clamp ET prior to changing from BVM ventilation to Oxylog ventilator to prevent loss of PEEP
- CXR for ET and NG position can be done in ICU. (Refer to COVID) radiology guidelines

RED PATIENTS (COVID / ILI SUSPECTED AS PRIMARY DIAGNOSIS)

RED patients: do not use nebulizers, NIV or Venturi masks
'Open' suctioning and ventilating of patients with a BVM should NOT be performed
Nasal prongs for passive oxygenation is contraindicated
High flow nasal prongs (HFNP) at 30L/min and NRM 15L are not considered to be aerosolizing procedures and can be performed in a walled cubicle (eg OBS 1-6) with staff wearing droplet precautions

YELLOW PATIENTS (OTHER ILLNESS / COMPLEXITY + COVID / ILI POSSIBLE)

Discuss with a Consultant prior to considering nebs or NIV for a patient with an infective exacerbation of asthma / COPD or in a patient who presents with APO and a fever. If ILI not thought likely, perform in AGP room with aerosol precautions.

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