ED COVID-19: O_2 ESCALATION PATHWAY v2.7

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 < 90%

2. **HUDSON MASK 6-8 L/MIN AND TITRATE UNTIL SATS >90%**

If sats persistently < 90%

3. **HUDSON NON-REBREATHER MASK 10-15 L/MIN AND TITRATE UNTIL SATS >90%. CONSIDER HFNP IF AVAILABLE AFTER DISCUSSION WITH ICU OR COVID CONSULTANT (RESP)**

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

Staff to use fit-check 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
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 at end inspiration 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

TRANSFER PROTOCOL

Nurse / HSA transfer team is a minimum
Doctor for unstable patients may be required
Fresh PPE to Dr / Nurse / HSA #1
Only transfer staff in PPE should enter lifts
Extra HSA #2 to secure route / lifts may be required
(no PPE required, but should keep >2m distance)
Inform target destination prior to transfer
Patients not requiring O_2 should wear a surgical mask
Patients using NP should wear a surgical mask
Patients using HM or NRM do not require a surgical mask
Intubated patients do not require a surgical mask
Wean patients off NIV / HFNP prior to TF ICU (discuss with ICU prior to transfer)

LIAISE EARLY WITH ICU TO AVOID ED INTUBATIONS

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

RED PATIENTS (COVID / ILI SUSPECTED AS PRIMARY DIAGNOSIS)

RED patients: do not use nebulizers, NIV or Venturi masks
AVOID open suctioning and DO NOT ventilate with BVM until definitive airway achieved
Nasal prongs for apnoeic oxygenation prior to intubation 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

ORANGE 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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