Respiratory Care Management of Patients with Suspected/Positive COVID-19

UPDATED 4/9/20

**Oxygen Devices: Nasal Cannula**

**IMPORTANT:** Patient must wear a surgical mask for transport & while health care workers are in close contact (less than 6 ft) while in the room.

<table>
<thead>
<tr>
<th>Device</th>
<th>Flow Rate (lpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC (1-6)</td>
<td></td>
</tr>
<tr>
<td>HFNC (6-15)</td>
<td></td>
</tr>
<tr>
<td>HHFNC (10-60)</td>
<td></td>
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</tbody>
</table>

- Non-REbreather

- **Green Tubing**

- **Remember ear wraps!**

**Oxygen Devices: Tracheostomy**

- O₂/Air blender (10-15 lpm), closed suction, T-piece connector, extension tubing & filter.

- **Ensure suction catheter is pulled back after each use and changed daily.**

**Oxygen Devices NOT Recommended:**

- Simple Mask
- Venturi Mask
- Face Tent
- Trach Collar

*Standard PPE includes gown, gloves, N95 + Face Shield.

**PAPR is an alternative to the standard PPE**, when available.
Bronchodilators*

Important: Aerosol/Nebulizer treatments are NOT recommended to administer.

- MDI/DPI recommended for patients for **ACTIVE wheezing** with Asthma/COPD.
- Albuterol is **NOT** indicated and improves shortness of breath with this virus.
- Recommend Albuterol Titration Protocol for exacerbation.

**Titration Protocol Dosing Range Table**

<table>
<thead>
<tr>
<th></th>
<th>Without an Artificial Airway</th>
<th>With an Artificial Airway</th>
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</thead>
<tbody>
<tr>
<td>Age up to 4 years</td>
<td>4-12 puffs</td>
<td>8-24 puffs</td>
</tr>
<tr>
<td>Age 4 years and up</td>
<td>4-20 puffs</td>
<td>8-40 puffs</td>
</tr>
</tbody>
</table>

- Nebulized medications may be administered during mechanical ventilation only.

- Administration of medications **NOT** available in MDI/DPI form (indicated & emergent):
  - Turn off flow before mask is removed.
  - Only use in breath actuated mode
  - Inflate trach cuff if available
  - If unable, use mask on patient

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Bronchial Hygiene*
Important: Cough producing procedures are NOT recommended.
❖ Oscillatory PEP with filter if patient is able to perform (no minimum IS predicted required).
❖ Instruct patients to wear a surgical mask while performing therapy for CPT and Vest therapy.

Bronchial Hygiene Devices NOT Recommended:

Recommended for patients with Cystic Fibrosis.

High Frequency Vest **

Cough Assist** (add filter at mask)

**IPV recommended ONLY for mechanically ventilated patients. (limited equipment available)

1. Connected at the end of the included 6-inch corrugated tube that is attached to the expiratory port of the Phasitron® S.

WARNING: When adding a Hydrophobic bacterial filter to the expiratory port of the Phasitron®, a change in expiratory effort may be observed.

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Lung Volume Expansion*
Breathing exercises is the preferred method for all patients!
- Incentive Spirometry if patient is able to perform (no minimum IS predicted required).

Non-Invasive Ventilation (NIV)**
Important: Intubate for acute respiratory failure!
- For UNSTABLE patients, recommend initiating high flow nasal cannula. See HFNC guidelines.
- For STABLE patients that wear NIV at home, wait until testing results are confirmed prior to initiating therapy.
- Recommend patients bring in home device, switch to hospital mask & add exhalation port with filter.

For invasive ventilation with a single limb circuit, replace existing with the exhalation port adaptor with filter.

EzPAP is not recommended, add filter if therapy is necessary.

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Transport Ventilator*

- May use mainstream or sidestream (built in filter) for ETCO₂ monitoring.
- Remove HME and place a filter between suction catheter and flow sensor/circuit.
- IMPORTANT: No wait time in the room is necessary when transitioning from a bedside ventilator to a transport ventilator.
- Pause vent or place on standby so flow from ventilator circuit is not entering the room.

Bag Valve Ventilation via Mask**

Bag Valve Ventilation via ET Tube**

Intubation/Extubation**

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Mechanical Ventilation*

- **IMPORTANT! BEFORE DISCONNECTING FROM THE VENTILATOR:**
- Press “Quick Access” button to the right of the screen, then select “Suction Support”. This will STOP the flow from the ventilator to avoid aerosol spray from the circuit.

- Inspiratory/Expiratory Filter
- Important: Pull off circuit with filter attached when disconnecting from ventilator.

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