

Worsening oxygenation ($\text{PaO}_2/\text{FiO}_2$ or $\text{SpO}_2/\text{FiO}_2 \leq 150 \text{ mmHg}$) and other indications for intubation (hypercapnia/acidosis < 7.3 , high work of breathing, mental status).

COVID-19 INITIAL MANAGEMENT

$\text{PaO}_2/\text{FiO}_2$ or $\text{SpO}_2/\text{FiO}_2 > 150 \text{ mmHg}$

INTUBATE

VENTILATOR SETTINGS:
 Tidal Volume: 6 ml/kg PBW
 PEEP: 10 cmH₂O
 RR: 25 bpm
 • Consider patient's pre-intubation resp rate
 FiO₂: 1.0

Maintain deep sedation and consider NMB

Assess for recruitability (solutions: 1) measuring AOP and R/I; 2) decremental PEEP trial; 3) test response at 2 levels of PEEP with ABG, driving pressure and hemodynamics)

OXYGENATION VIA FACEMASK

If an $\text{FiO}_2 \geq .60$ cannot maintain $\text{SpO}_2 > 90\%$ consider early intubation.
 If the patient is in septic shock or pH is < 7.30 consider intubation.

Recruitable?

Yes

Set higher PEEP to maintain recruitment (based on AOP, or Express, PEEP-FiO₂ table)

Plateau Pressure $\leq 30 \text{ cmH}_2\text{O}$?

No

Reduce VT 1ml/kg (minimal 4ml/kg)

Yes

Collect Arterial Blood Gas after 15-20 minutes

Management
 Driving pressure < 14
 Resp rate for pH 7.25 – 7.42
 FiO₂ for $\text{PaO}_2 > 60 \text{ mmHg}$ or $\text{SpO}_2 88-98\%$

Maintain PEEP to 8-10 cmH₂O

$\text{PaO}_2/\text{FiO}_2 < 150 \text{ mmHg}$
 Consider Prone Positioning ++

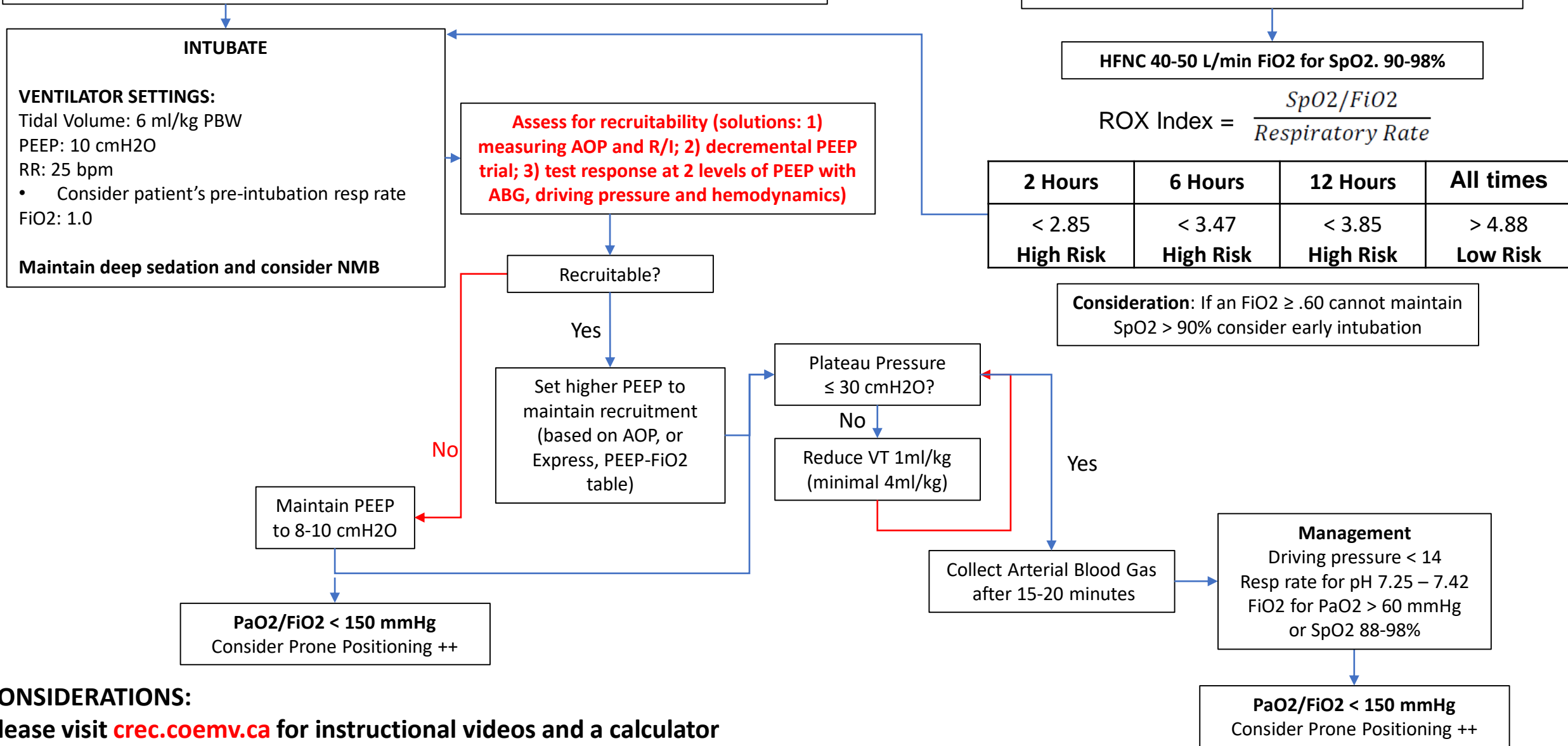
$\text{PaO}_2/\text{FiO}_2 < 150 \text{ mmHg}$
 Consider Prone Positioning ++

CONSIDERATIONS:

Please visit crec.coemv.ca for instructional videos and a calculator for **assessing AOP** and **Calculating the R/I Ratio**

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