

RRH Treatment Guide

for Hospitalized Patients with COVID-19

RESPIRATORY FAILURE

NON-INTUBATED PATIENTS

- Goal saturations 92-98%
- Consider Pulmonary/ICU Consult when fio2 6 lpm or higher.
- Call for ICU transfer for fio2 at higher than 8 lpm
- Consider ICU transfer for fio2 between 6-8 lpm
- High Flow Oxygen (recommended in some guidelines, SCCM)
 - ONLY USE in a negative pressure room or room with HEPA filter
 - Staff should use N95 mask
 - Consider Intubation if fio2 exceeds 75%
- CPAP/BiPAP/Non-Invasive Ventilation - Controversial
 - ONLY USE in a negative pressure room or room with HEPA filter
 - Staff should use N95 mask
 - Pulmonary or Critical Care Consult should be obtained

INTUBATED PATIENTS

- ARDSnet Guidelines should be followed in most cases
 - TV Goal 6 cc/kg ideal weight
 - Plateau Pressure Goal <30 cm H2O
 - Driving Pressure Goal <15 cm H2O
 - Goal PaO2 70-105, saturations 92-98%
 - PEEP should be individualized due to high variability in compliance
 - Consider: Inhaled epoprostenol, prone positioning, paralytics, VV ECMO

CHANGES to USUAL CARE

- Minimize time in the room and contact with patient
- **CONSIDER** - enhanced DVT prophylaxis per hospital protocol
- Minimize travel out of the room
- **AVOID** aggressive fluid resuscitation (septic shock is not common)
- **CONSIDER** - cardiogenic shock for worsening hemodynamics

THERAPEUTICS

- **CONSULT** Infectious Disease to assist with decisions on treatment
- **REFER** to the Infectious Disease Algorithm for Treatment
- **SUGGEST** Dexamethasone 6mg IV/PO Daily for up to 10 days
in all hospitalized COVID patients on Supplemental Oxygen

PRESENTATION

NOTABLESx

- 65-80% Cough
- 15% URI Sx
- 45% Febrile initially
- 10% GI Sx
- Acute worsening after early mild Sx

HIGH RISK FOR SEVERE DZ

- Age >55
- Comorbid diseases:
 - Pulm, cardiac, renal
 - Diabetes, HTN
 - Immunocompromise

LABS INDICATING SEVERE DZ

- D-dimer >1500
- CPK >2x ULN
- CRP >100. LDH >245
- Troponin elevated/up trending
- ABS lymphocyte count <0.8
- Ferritin >300

DIAGNOSTICS

DAILY LABS

- CBC with diff
- CMP

PERIODIC (q 2-3 days prn)

- Ferritin/CRP/LDH
- Troponin
- EKG

ONE TIME TESTS

- Tracheal aspirate (if intubated)

AVOID - Routine Chest X-rays

PPE Guidance

Routine interactions: eye protection, surgical mask, water-proof gown, gloves
Aerosolizing Procedures: N95 mask in addition to the measures above

- Intubation, extubation, bronchoscopy, high flow oxygen (20 lpm or more), non-invasive ventilation/bipap/cpap, tracheostomy, CPR, Nebulized medications in progress and for one hour afterwards (if not on the vent), suctioning into the lungs (does not include in-line suctioning on the vent)

Reviewed and approved by the Departments of Pulmonary/Critical Care and Infectious Diseases