

COVID-19 with Hypoxia

YES

- Expert in airway to intubate
 - Use N-95 and proper PPE for infection control precautions
 - Minimize staff in the room
 - Consider 5 minutes of preoxygenation with 100% of Oxygen
 - Avoid manual ventilation/ bagging
- *Intubation is high risk for aerosolization**

Indication for Intubation?

- Refractory Hypoxia
 - Failed BIPAP treatment
 - ARDS

- Contraindications for awake prone positioning
- Hemodynamically unstable patient
- Recently had abdominal surgery
- Unstable spine

NO

O₂- nasal canula: 4-6 Liters to maintain O₂ sats (90-94%)
(Cover Surgical mask over oxygen canula if patient not in single room)

Still Hypoxic?

Consider high flow nasal canula
*If not available use BIPAP
(BIPAP is a aerosolizing procedure, consider placing patient in a negative pressure isolation room, if not place a surgical mask/ N95 mask over the nasal HFNC)

Trial of awake prone positioning to improve hypoxia