Worsening oxygenation (PaO2/FiO2 or SpO2/FiO2 ≤ 150 mmHg) and other indications for intubation (hypercapnia/acidosis <7.3, high work of breathing, mental status).

**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)**

- **Recruitable?**
  - **Yes**
    - Set higher PEEP to maintain recruitment (based on AOP, or Express, PEEP-FiO2 table)
  - **No**
    - Reduce VT 1ml/kg (minimal 4ml/kg)

- **Plateau Pressure ≤ 30 cmH2O?**
  - **Yes**
    - Collect Arterial Blood Gas after 15-20 minutes
  - **No**
    - Maintain PEEP to 8-10 cmH2O

**PaO2/FiO2 < 150 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

**COVID-19 INITIAL MANAGEMENT**

**PaO2/FiO2 or SpO2/FiO2 > 150 mmHg**

**OXYGENATION VIA FACEMASK**
- If an FiO2 ≥ .60 cannot maintain SpO2 > 90% consider early intubation.
- If the patient is in septic shock or pH is < 7.30 consider intubation.

**Management**
- Driving pressure < 14
- Resp rate for pH 7.25 – 7.42
- FiO2 for PaO2 > 60 mmHg or SpO2 88-98%

**PaO2/FiO2 < 150 mmHg**
- Consider Prone Positioning ++
Worsening oxygenation (PaO2/FiO2 or SpO2/FiO2 ≤ 150 mmHg) and other indications for intubation (hypercapnia/acidosis <7.3, high work of breathing, mental status).

INTUBATE

VENTILATOR SETTINGS:
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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)

Recruitable?

Yes

Plateau Pressure ≤ 30 cmH2O?

No

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

No

Yes

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

Maintain PEEP to 8-10 cmH2O

PaO2/FiO2 < 150 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

COVID-19 INITIAL MANAGEMENT
(If your hospital supports the use of HFNC)

PaO2/FiO2 or SpO2/FiO2 > 150 mmHg

HFNC 40-50 L/min FiO2 for SpO2. 90-98%

Monitor closely, consider the following Index

ROX Index = \( \frac{SpO2/FiO2}{Respiratory\ Rate} \)

<table>
<thead>
<tr>
<th>2 Hours</th>
<th>6 Hours</th>
<th>12 Hours</th>
<th>All times</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2.85</td>
<td>&lt; 3.47</td>
<td>&lt; 3.85</td>
<td>&gt; 4.88</td>
</tr>
</tbody>
</table>

High Risk

Low Risk

NOTE: The ROX Index is a new index and should NOT replace clinical judgement

Consideration: If an FiO2 ≥ .60 cannot maintain SpO2 > 90% consider early intubation

Management
Driving pressure < 14
Resp rate for pH 7.25 – 7.42
FiO2 for PaO2 > 60 mmHg or SpO2 88-98%

PaO2/FiO2 < 150 mmHg
Consider Prone Positioning ++