GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Covid-19 wards: Ysbyty Gwynedd
Quick Reference Guide - V4 Nov 2021

Managing Oxygenation Failure

Oxygen

- Target sats: 92-96% for most (NICE/BTS). 88-92% if at risk of type 2 respiratory failure.
- Start with nasal cannulae 1-4L/min escalating to 35%, 40% and 60% venturi masks and then non-rebreathing mask 10-15L/min.

Proning

- Once a patient has an oxygen requirement (or looks to be approaching one) consider feasibility of proning for the individual patient and if appropriate encourage them to do so actively (protocol on ward).

Advanced Respiratory Support

- Start early while the lungs are still compliant.
- The starting PEEP is 10 cmH2O with FiO2 to maintain target sats.

CONSIDER CPAP IF FAILING TO MAINTAIN SATS IN TARGET RANGE ON 40% OXYGEN
(Type 1 respiratory failure, if type 2 you'll be using NIV)

- A suitable regimen might be four hours on, one hour off (oxygen facemask or high flow nasal oxygen for breaks).
- Some CPAP is better than no CPAP though, so be flexible.
- High flow nasal oxygen is a suitable alternative for those unable to tolerate CPAP or to facilitate breaks off CPAP: search 'nasal high flow' on the intranet for the pathway.

[Contraindications to CPAP/NIV: Absolute: Vomiting, Upper airways trauma/burns/recent surgery, Fixed upper airways obstruction, Un-drained pneumothorax. Relative: Life threatening hypoxaemia, copious secretions, Inability to protect own airway, Haemodynamic instability, Confusion/agitation, severe co-morbidity.]

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Covid Specific Therapies (with evidence of mortality benefit)

Dexamethasone

- For patients with oxygen requirement. 6mg OD orally or IV for 10 days (discontinue if discharged earlier). Strongly consider a PPI.
- [Pregnant women: prednisolone 40mg OD/hydrocortisone 50mg TDS IV.]

Tocilizumab

- For hypoxic patients (sats < 92% on air or on supplementary oxygen therapy) with evidence of systemic inflammation (CRP ≥ 75) OR patients within 48 hours of commencing advanced respiratory support (see prescribing proforma).

Sarilumab

- An alternative to Tocilizumab in patients commenced on advanced respiratory support within last 24 hours (see prescribing proforma). Same indications as above.
- **Not for use in patients with platelet count < 150.**

Ronapreve

- For patients who are seronegative for anti-spike protein antibodies aged ≥50 years old OR aged 12-49 years old and determined to be immunocompromised by MDT assessment AND who weigh 40kg+ (see prescribing proforma).

VTE Prophylaxis – NG 191 Updated 3 Nov 2021 (always consider the bleeding risk in conjunction with the thormbosis risk)

All patients with Covid-19

- Standard weight adjusted thromboprophylaxis is recommended after consideration of bleeding risk.

All patients with Covid-19 needing oxygenation support

- Thromboprophylaxis should be continued for 7 days minimum.

Patients with Covid-19 on low flow oxygen (i.e. conventional facemask oxygen) **without an increased bleeding risk**

- Treatment dose anticoagulation may be considered after a risk assessment (a suggested risk assessment tool is the DOH VTE risk assessment tool).
- In these patients this thromboprophylaxis regimen should be continued for a minimum of 14 days unless clinical circumstances change.

In patients with Covid-19 requiring advanced respiratory support (CPAP/NIV/HFNO), unless there is a strong suspicion or proven VTE

- Standard weight adjusted thromboprophylaxis should be used due to inferior outcomes with full dose anticoagulation in these patients

Intermediate dosing of anticoagulation for thromboprophylaxis should no longer be considered outside of a research setting.

Microbiology

- Refer to COVID 19 BCUHB antimicrobial guidelines.
- Start antibiotics if valid concern re: co-infection

Escalation Planning

- Early decisions and discussion with critical care for all deteriorating level 3 candidates.

Palliative Care

- This is a big challenge.
- All Wales Guidelines are helpful. Hospital Palliative Care team available to support via bleep 183 and attend ward daily around 11am.
- Advanced respiratory support must not be removed or weaned until patient is comfortable and a plan to maintain symptom control is in place.
- The OOH consultant advice line is 01978 316800.
- Anticipatory PRNs are good practice, anticipatory syringe drivers are not.

Discharge From Hospital / Follow Up

- Pre-discharge ECG, 40 step test
- Consider post discharge thromboprophylaxis in those at very high risk (not routine as per NICE guidelines).
- Safety netting to ensure patients re-present if deteriorating.

Recovery Trial

- Research nurse bleep 181.

Follow Up

- Patients will be picked up routinely for follow up telephone holistic questionnaire, repeat chest x-ray and onward referrals to specialties as needed.
- If there is a specific reason to refer to Respiratory Medicine on discharge in this instance a discharge summary specifying this reason may be copied to Respiratory team.