

COVID-19

MedStar Clinical Guide for the Management of Hypoxemia on the Floors in Suspected and Confirmed COVID-19 Patients

Please refer to StarPort COVID Page (or <https://medstarhealth.org/covid19resources> off network) for the complete and most current guidance as this information is rapidly changing and updated.

Management of Mild to Moderate Hypoxemia on the floors:

Definition:

- Patients who require nasal canula to maintain O₂ sat >92% and respiratory rate <24 are considered to have mild hypoxemia and will be admitted to the floors
- Patients who require support with nasal canula (NC) or non-rebreather mask (NRB) and who are able to keep O₂ sat >92% and respiratory rate <28 have moderate hypoxemia and should be considered for frequent monitoring
- Patients with RR >28 and O₂ sat <90% should be evaluated for rapid response and/or higher level of care per hospital guidelines

General Steps:

- PPE and Isolation per protocols as prescribed by Infection Prevention

Oxygen Therapy:

- Patients should be evaluated for titration of oxygen support via nasal canula or non- rebreather mask on admission and at every vital sign check.
- Refer to the table below for titration of oxygen support.
- Humidified oxygen should be used whenever available for patient comfort and tolerance
- Non rebreather mask preferred over Oxy mask to minimize risk of aerosolization
- When using non rebreather mask, FiO₂ of 100% and flow of 10 to 15L should be used

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Oxygen Titration guide for Mild to Moderate Hypoxemia*:

	A**	B**	C	D
Classification	RR	Resting O2 Saturation % (sustained for	Titrate O2 support to maintain resting O2 Sat >92%	Vital Sign Monitoring
Minimal hypoxemia	< 24	>94 (desaturation with	0 -2L NC	Q4 hours
Mild Hypoxemia	<24	92-94	2L - 6L NC	Q4 Hours
Moderate Hypoxemia	24-28	90-92	Non rebreather mask at 100% FiO2 and 10-15L	Evaluate for continuous pulse- ox if
Moderate to Severe Hypoxemia	>28	<90	High Flow NC ***	Per IMC or ICU Protocol
*If there is evidence of AMS, oliguria, hypotension at any time, call rapid response per unit protocol.				
**If patient meets any of the criteria in columns A or B, titrate O2 per column C and increase monitoring				
***Should be used in a negative pressure room with staff wearing N95				