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Management of Hypoxemia: COVID-19 Clinical Practice Guideline

- Supplemental Oxygen:
 - Humidified nasal cannula (NC) 1 to 8 LPM for target SpO₂ 92-96%
 - If a patient requires > 8 LPM NC, initiate dry Venturi mask (non-humidified to reduce aerosolization risk)
 - Start Venturi mask /nasal cannula at 9 LPM and FiO₂ 28%
 - Up-titrate FiO₂ to goal SpO₂ is \geq 90% (not exceeding FiO₂ 35%)
 - If FiO₂ > 35% then increase flow to 15 LPM maximum- notify ICU/ anesthesia to evaluate for early intubation
 - Limit high-flow nasal cannula (HFNC) and non-invasive positive pressure ventilation (NIPPV; i.e. CPAP/BiPAP) for ARDS.
 - Early intubation: recommend early consultation with anesthesia for possible intubation in the setting of rapidly progressive hypoxia.

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