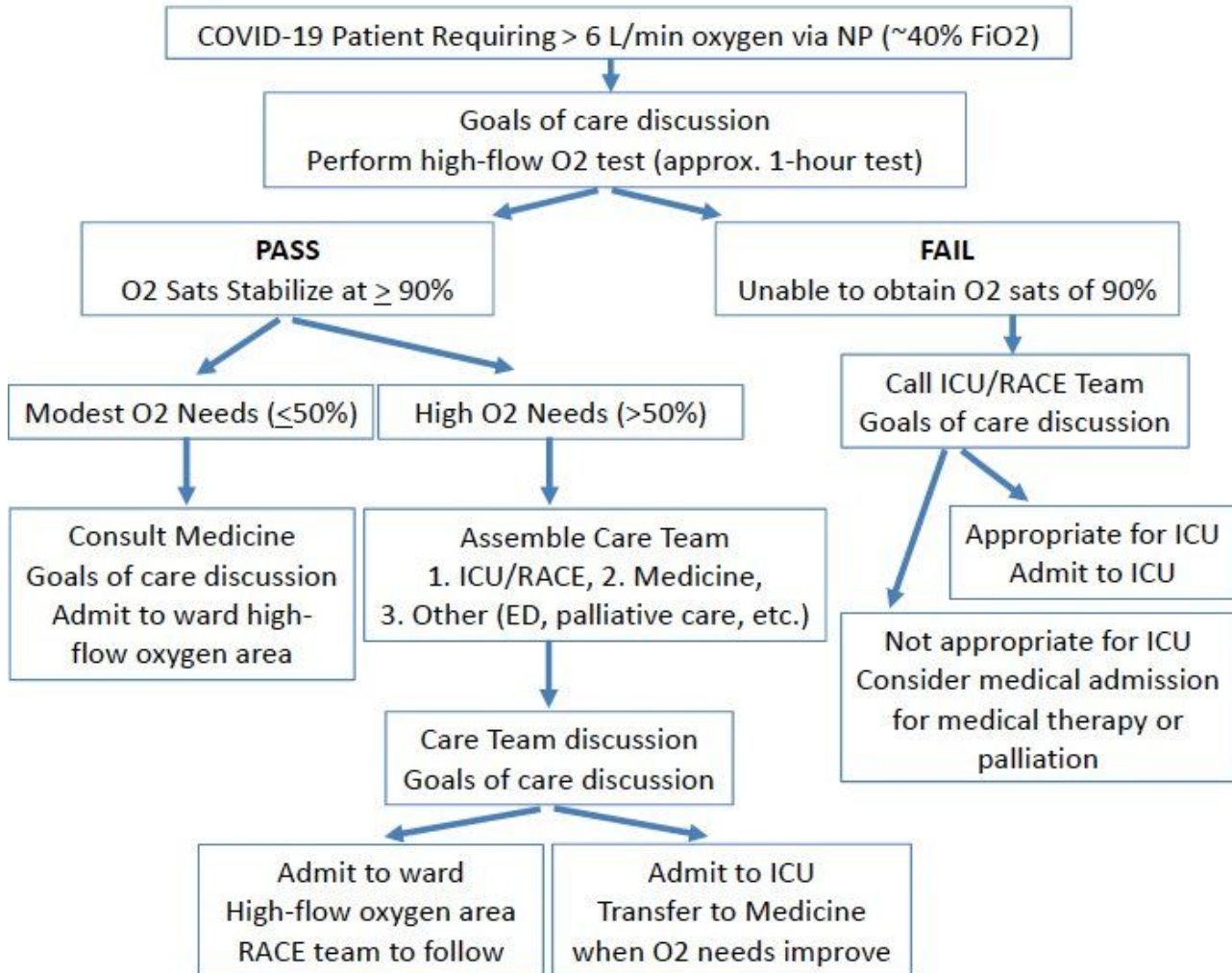


Ottawa Hospital screening tool to decrease intubation/ventilators & improve care  
(version7)

**Oxygen Screening for COVID-19 – April 7, 2020 – v7.0**



**Underlying Principles**

1. Above protocol for ED, but would apply equally to medicine
2. There is a population of COVID-19 patients who do not require intubation, but require only high-flow O2 or PEEP
3. Identifying these patients will benefit the patient by avoiding intubation, and benefit the system by saving ICU beds
4. Communication between ICU team, Medicine, ED, RT, and nursing teams will be paramount
5. If unsure and patient stable, consider discussion with ICU team prior to intubation
6. There is no firm cutoff in terms of O2 sats (90% is a suggestion); lower thresholds can be considered for patients who look well
7. Goals of care discussions should take into account patient values in addition to medical appropriateness (considering the high reported mortality, expected long-term disability, and potential suffering in intubated patients who are frail, elderly, or with significant medical comorbidities)

**How to Perform High Flow O2 Test**

1. NRB mask at 15 L/min
  - **\*\*Must be NRB mask with filter – check with RT\*\***
  - Does not require staff airborne precaution PPE
  - No need to move patient to new area
2. High flow nasal cannula (HFNV)
  - Arguably the optimal treatment (PEEP + High Flow)
  - Move patient to private room or high flow O2 area
  - Staff must don airborne precaution PPE
3. CPAP/BiPAP
  - Move patient to private room or high flow O2 area
  - Utility and safety of BiPAP is somewhat controversial
  - Staff must don airborne precaution PPE
4. Future Options (Helmets, “Scuba” masks)
  - Will be communicated when available