### COVID-19 Resources

#### Summary of recommendations on the management of patients with COVID-19 and ARDS

<table>
<thead>
<tr>
<th><strong>COVID-19 with mild ARDS</strong></th>
<th><strong>COVID-19 with mod to severe ARDS</strong></th>
<th><strong>Rescue/adjunctive therapy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO:</strong> Vt 4-8 ml/kg and P$_{plat} &lt; 30$ cm H$_2$O</td>
<td><strong>CONSIDER:</strong> Higher PEEP</td>
<td><strong>UNCERTAIN:</strong> Antivirals, chloroquine, anti-IL6</td>
</tr>
<tr>
<td><strong>DO:</strong> Investigate for bacterial infection</td>
<td><strong>CONSIDER:</strong> NMBA boluses to facilitate ventilation targets</td>
<td><strong>CONSIDER:</strong> if proning, high P$_{plat}$, asynchrony</td>
</tr>
<tr>
<td><strong>DO:</strong> Target SpO2 92% - 96%</td>
<td><strong>CONSIDER:</strong> if PEEP responsive Traditional recruitment maneuvers</td>
<td><strong>CONSIDER:</strong> NMBA infusion for 24 h</td>
</tr>
<tr>
<td><strong>CONSIDER:</strong> Conservative fluid strategy</td>
<td><strong>CONSIDER:</strong> Prone ventilation 12 -16 h</td>
<td><strong>CONSIDER:</strong> Prone ventilation 12 -16 h</td>
</tr>
<tr>
<td><strong>CONSIDER:</strong> Empiric antibiotics</td>
<td><strong>CONSIDER:</strong> if proning, high P$_{plat}$, asynchrony NMBA infusion for 24 h</td>
<td><strong>CONSIDER:</strong> if proning, high P$_{plat}$, asynchrony NMBA infusion for 24 h</td>
</tr>
<tr>
<td><strong>UNCERTAIN:</strong> Systemic corticosteroids</td>
<td><strong>DON'T DO:</strong> Staircase recruitment maneuvers</td>
<td><strong>CONSIDER:</strong> A trial of inhaled nitric oxide</td>
</tr>
<tr>
<td></td>
<td><strong>CONSIDER:</strong> Short course of systemic corticosteroids</td>
<td><strong>CONSIDER:</strong> if no quick response</td>
</tr>
<tr>
<td></td>
<td><strong>UNCERTAIN:</strong> Antivirals, chloroquine, anti-IL6</td>
<td><strong>CONSIDER:</strong> follow local criteria for ECMO</td>
</tr>
</tbody>
</table>

**V-V ECMO or referral to ECMO center**

**Mod = moderate**

**ARDS = adult respiratory distress syndrome**

**P$_{plat}$ = plateau pressure**

**SpO2 = peripheral capillary oxygen saturation**

**PEEP = positive end-expiratory pressure**

**NMBA = neuromuscular blocking agents**

**ECMO = extracorporeal membrane oxygenation**

COVID-19 Resources

Summary of recommendations on the initial management of hypoxic COVID-19 patients

COVID-19 with hypoxia

- **Indication for endotracheal intubation?**
  - Yes: Endotracheal intubation
  - No: Monitor closely short intervals

- **Tolerating supplemental oxygen?**
  - Yes: Expert in airway to intubate
  - No: Use N-95/FFP-2 or equivalent and other PPE/infection control precautions

- **CONSIDER: HFNC**
  - Not tolerating HFNC or HFNC is not available: Indication for endotracheal intubation?
  - Tolerating HFNC: Monitor closely for worsening

- **CONSIDER: a trial of NIPPV**
  - **DO IT:** Monitor closely short intervals
  - **DO NOT:** Delay intubation if worsening

**DO IT:**
- Endotracheal intubation
- Expert in airway to intubate
- Use N-95/FFP-2 or equivalent and other PPE/infection control precautions
- Minimize staff in the room
- Video-laryngoscope

**DO IT:**
- Appropriate infection control precautions
- Target SpO2 92% to 96%

**DO NOT:**
- Delay intubation if worsening

**Note:** N-95/FFP-2 are facial masks

HFNC = high-flow nasal cannula
NIPPV = noninvasive positive-pressure ventilation
PPE = personal protective equipment
SpO2 = peripheral capillary oxygen saturation