

Home BiPAP pts should be discussed with Resp Cons on call on admission

## HIGH RISK (RED) COVID

Type 2 resp failure in high risk Covid is evidence of exhaustion.  
BiPAP is **NOT** indicated  
Urgent decision re: escalation for ICU required

TEP (agreed with Cons)

Full escalation

ICU review for complex patient

Not for escalation

**Patient requiring  $\geq 40\%$  FiO<sub>2</sub> or rapidly increasing O<sub>2</sub> requirement**

Ward based care  
+/- EOL care  
(Treatment based on SpO<sub>2</sub> not ABG/pO<sub>2</sub>)

Refer ICU

Refer/discuss ICU

Intubation

Trial of CPAP  
+/- intubation

CPAP  
(ceiling of care)

Home BiPAP pts –  
change interface to  
BSUH non-vented  
mask + remove  
humidification

Home BiPAP pts should be discussed with Resp Cons on call on admission

LOW RISK (GREEN) COVID

Home BiPAP pts – change interface to BSUH non-vented mask + remove humidification

TEP (agreed with Cons)

Hypercapnic, hypoxic respiratory failure + decompensation (eg COPD/OHS/Chest deformity)

Mixed acidosis with ongoing hypoxia

Discuss with Resp Cons

Maximal medical therapy

Trial of ward based BiPAP (isolation/cohort/SR)

Not for BiPAP

**Clinical deterioration despite Max medical Mx**

Clinical improvement

Failure

For escalation

Not for escalation

Continue BiPAP

For escalation  
Refer ICU

Not for escalation

Ward based care (+/- EOL care)

Refer ICU

EOL care