

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 $\geq 40\%$ FiO₂ or rapidly increasing O₂ requirement

Ward based care +/- EOL care
(Treatment based on SpO₂ not ABG/pO₂)

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

Not for escalation

Refer ICU

Ward based care (+/- EOL care)

Refer ICU

EOL care