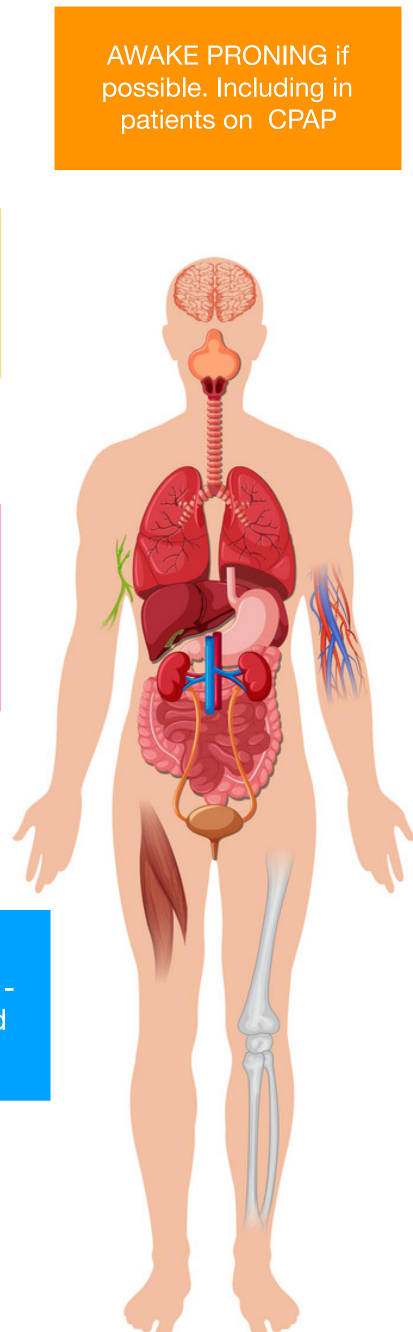
Brighton and Sussex University Hospitals NHS Trust

COVID-19 Guidelines

AWAKE PRONING if possible. Including in patients on CPAP

AIRWAY swelling risk - ET #7 or 8 uncut. High risk of extubation failure - consider neb adrenaline +/- steroids

Nebulised Prostacyclin and NO useful. Consider wet circuit if familiar.
BEWARE HME CLOGGING



PERFUSION to lungs may be reduced due to microthrombi - optimise fluids, avoid ↑ PVR
- careful ventilation
-consider vasopressin with NA

VENTILATION strategy varies with lung compliance - early ARDS ventilation may be detrimental. Prone early- see ventilation guideline

AKI risk and worsening haemodynamics with diuresis - aim for euvolaemia. May need full anticoagulation for RRT.

Abnormal COAGULATION- high risk of DVT. 1 mg/kg/day enoxaparin -closely monitor including Xa levels. Flotrons for all.

Blood Tests

On admission:
- FBC, U&Es, Bone profile, LFT, CRP, Coag
- Plus: HIV, D-dimer, LDH, Troponin, proBNP, PCT, ferritin

Daily:
- FBC, U&Es and bone profile
- CRP, coag, Xa, Trop T as required
- PCT @ 48 hrs- see guideline

Antibiotics

- Community-acquired pneumonia
  - Amoxicillin +/- doxycycline/clarithromycin
- Hospital-acquired pneumonia
  - Not ventilated: Amoxicillin+Temocillin
  - Ventilated:Tazocin
- Penicillin allergy: Levofloxacin
- Fungal infection - consult microbiology

7.4.2020 BSUH ICU Team