COVID-19 Guidelines

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

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

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

**AWAKE PRONING** if possible. Including in patients on CPAP

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

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

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

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**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

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**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