

Considerations for Respiratory Therapist in Managing Patients with COVID-19

1. Limit the frequency of breaking the ventilator circuit to maintain lung volumes and reduce aerosol transmission.
2. Use a filter on resuscitation bag during intubation or manual resuscitation to reduce aerosol transmission.
3. Be aware of which procedures are considered aerosol generating so that proper PPE is used.
4. If bronchodilators are indicated, use metered-dose inhaler with spacer or a dry powder inhaler over nebulizers, when possible. If nebulizers are needed, use filtered nebulizers to reduce aerosol transmission.
5. For adults with COVID-19, consider starting supplemental oxygen at an SpO₂ < 90% and target 92-96%.*
6. For adults with COVID-19 and acute hypoxic respiratory failure, consider using high flow nasal cannula over non-invasive ventilation.* If using high flow nasal cannula it is currently recommended that the patients be placed in a negative pressure room to protect healthcare providers.
7. For adults with COVID-19 who are on mechanical ventilation and have ARDS, consider using a tidal volume (VT) of 4-8 mL/kg ideal body weight and limit plateau pressure (P_{plat}) to <30 cm H₂O.*
8. For adults with COVID-19 who are on mechanical ventilation and have moderate to severe ARDS, consider using a high PEEP strategy.
9. For adults with COVID-19 who are on mechanical ventilation and have moderate to severe ARDS, consider using prone position for 16 hours at a time.*
10. For adults with COVID-19 who are on mechanical ventilation with hypoxemia despite maximizing oxygenation, consider the use of recruitment maneuvers for those that are PEEP responsive.*

*Society of Critical Care Medicine Guideline (2020)

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Notes/Summary