

Covid-19 Oxygen Weaning Protocol

PROTOCOLS for oxygen de-escalation pathways for COVID-19

3E, 4E, 5E

FIRST PROTOCOL: For floor patients with COVID 19 who only needing fewer than 6 Liters NC.

Criteria:

1. No signs of respiratory distress like agitation, diaphoresis, anxiety, or confusion.
2. Improving clinical picture
3. SpO₂ > 88%
4. Respiratory rate ≤ 25/min, Heart rate ≤ 120/min, Systolic blood pressure ≥ 90mmHg

1) At 5 am, Check a room air oxygen saturation each morning while monitoring at bedside with pulse oximetry for at least 5 minutes.

- If the patient desaturates below 88%, discontinue room air trial and restart the oxygen at the lowest flow rate necessary to meet the 88% O₂ saturation goal.

2) At 530 am, document in the chart the oxygen saturation:

- on Room air and
- If patient continues to require oxygen, document the saturation at the lowest oxygen flow rate necessary to meet the goal of 88%.

3) If a patient maintains saturations above the 88% range without oxygen, oxygen therapy may be discontinued.

4) Check oxygen saturation 30 minutes later to ensure the patient remains above 88% without oxygen needs.

5) Restart oxygen if saturations fall below 88%.

SECOND PROTOCOL: For floor COVID 19 patients needing above 6 Liters to NRB. (Venturi Masks to Non-Rebreather Mask)

Criteria:

1. No signs of respiratory distress like agitation, diaphoresis, anxiety, or confusion.
2. Improving clinical picture
3. SpO₂ > 88%

4. Respiratory rate \leq 25/min, Heart rate \leq 120/min, Systolic blood pressure \geq 90mmHg

- 1) At 5 am, decrease oxygen until goal oxygen saturation is met at the lowest level needed to keep oxygen saturation above 88%.
- 2) Keep patient on continuous oximetry while weaning oxygen
- 3) Document clearly in chart each am by 5:30 am the current Oxygen saturation with the current Modality and Flow Rate at the lowest level needed to keep oxygen saturation above 88%.
- 4) If able to wean from NRB/Venturi mask to nasal cannula, recheck oxygen saturation at 30 minutes to ensure patient remains at greater than or equal to 88% oxygen saturation.
- 5) Re escalate oxygen needs as necessary to keep oxygen saturations above 88%

THIRD PROTOCOL: For step down patients on high flow nasal cannula and satisfying the following

Criteria:

1. No signs of respiratory distress like agitation, diaphoresis, anxiety, or confusion
2. Arterial pH \geq 7.35 and/or SpO₂ $>$ 88% (ABG not necessary if patient clinically stable)
3. Respiratory rate \leq 25/min, Heart rate \leq 120/min, Systolic blood pressure \geq 90mmHg

- 1) Begin weaning from high flow on any HFNC patient meeting above criteria at any time during day.
- 2) Wean at all times on continuous oximetry
- 3) Decrease FIO₂ at most by 5% once every 2 hours as tolerated to keep Oxygen saturation above 88%.
- 4) If able to achieve 88% oxygen saturation on 50% FIO₂, begin to wean Flow Rate at most by 5 Liters/min every 2 hours as tolerated to keep oxygen saturation above 88%.
- 5) When able to wean HFNC to achieve Oxygen saturation of greater than or equal to 88% on an FIO₂ of 50% and a Flow Rate of 10 L/min,
 - May transition to either Venturi Mask or Nasal Cannula.
- 6) If able to maintain off of HFNC for greater than 30 minutes with continuous oximetry documenting an oxygen saturation above 88%, please contact primary team to discuss de-escalation of services to floor status.

Protocol Owner: Dr. Jamie Felberg Reviewed and Approved on: 9/27/2021

