Adult Respiratory Care Practice Guidelines for COVID-19 NEGATIVE or NOT SUSPECTED patients

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Health

These guidelines were structured to give health care providers (HCP) guidance for safe practices when administering inpatient respiratory treatments or devices in patients not known to be infected with COVID-19.

COVID-19 STATUS

●COVID-19 testing is recommended within 24hrs of INITIATION of the following devices, assuming that a new requirement signals a change in respiratory status that may be consistent with COVID-19 infection.

●Recommend COVID-19 testing only **once** for intermittent or repeated treatments/devices upon INITIATION of that treatment/device.

●Treatment should not with delayed or withheld while awaiting testing. Rather, precautions, as detailed below may be followed while awaiting test results.

Nebulized Medications

●A curtain can be drawn between 2 patients sharing a room in order to create space for respiratory distancing.

●MDI shortages currently dictate that nebulized bronchodilators, anticholinergics and inhaled corticosteroids be used in patients not known to be infected with COVID-19. *Nevertheless*, these medications should be limited to patients with clinical necessity, as in bronchospasm from asthma or COPD.

●Nebulized bronchodilators and anticholinergics should not be ordered for asymptomatic patients.

Oxygen Nasal Cannula

●Patients wearing nasal cannula are asked to wear a face mask[1] when HCP are present.

●HCP should maintain arms length whenever possible.

●A curtain can be drawn between 2 patients sharing a room in order to create space for respiratory distancing.

High Flow Nasal Cannula (HFNC)

●Nasal prongs should be placed, evaluated for good fit and face mask[1] placed prior to starting flow.

●Nasal prongs must be well seated in the nares with **minimal leak**.

●Patients wearing HFNC are asked to wear a face mask[1] when HCP are present.

●HCP should maintain arms length whenever possible.

●A curtain can be drawn between 2 patients sharing a room in order to create space for respiratory distancing.

Non-Invasive Ventilation (NIV=BIPAP or CPAP)

●Mask interface should be placed and evaluated for good fit prior to starting NIV machine.

●**Good mask seal** *must* be ensured. Leaks >20% should be reported to respiratory supervisor and provider.

●HCP should keep their face and body to the side of the patient's mouth or nose to avoid direct alignment to the path of coughing.

●A curtain can be drawn between 2 patients sharing a room in order to create space for respiratory distancing.

Suctioning / Physiotherapy

●Chest PT is limited to patients with clinical necessity. HCP should maintain arms length when administering.

●Nasotracheal/open suctioning - HCP should maintain arms length when administering and keep their face and body to the side of the patient's mouth or nose to avoid direct alignment to the path of coughing.

[1] Face Mask refers to PPE

Tracheostomy tube

●Chronic respiratory failure on a home ventilator. **All** patients are preferentially placed on hospital ventilators (with filter on exhale port).
●Standard humidification delivery system should be maintained (per institution).
●An HME filter can be placed on the tracheostomy tube directly, allowing for venturi masks during transport.
●During suctioning, HCP should maintain arms length when administering and keep their face and body to the side of the patient's mouth and trach to avoid direct alignment to the path of coughing.
●During trials off the ventilator, a closed filtered system can be attached to the trach and the trach cuff should be deflated.

Extubation

●Do NOT stand directly in front of the patient. Position yourself optimally to avoid path of coughing.
●Immediately after disposing of dirty materials the outside gloves should be removed, inside out.
●Patients transitioning to comfort measure may be extubated. The order in which life sustaining measures are discontinued (vasopressors, hemodialysis, mechanical ventilation, etc) is left to the discretion of the attending provider.

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Please contact Respiratory Care or Infection Prevention leadership with any questions related to these practice guidelines.

[1] Face Mask refers to PPE