## **COVID-19 Resources**

## **COVID-19 with mild ARDS**



DO:

Vt 4-8 ml/kg and  $P_{plat}$  <30 cm  $H_2O$ 



DO:

Investigate for bacterial infection



Target SPO2 92% - 96%



Conservative fluid strategy



**Empiric antibiotics** 



Systematic corticosteroids

## **COVID-19 with Mod to Severe ARDS**



**CONSIDER:** 

**Higher PEEP** 



**CONSIDER:** 

NMBA boluses to facilitate ventilation targets



**CONSIDER:** if PEEP responsive

**Traditional Recruitment maneuvers** 



**CONSIDER:** 

Prone ventilation 12 -16 h



CONSIDER: if proning, high P<sub>nit</sub> asynchrony

NMBA infusion for 24 h



**DON'T DO:** 

Staircase Recruitment maneuvers



**CONSIDER:** 

Short course of systematic corticosteroids



UNCERTAIN:

Antivirals, chloroquine, anti-IL6

## **Rescue/Adjunctive therapy**



**UNCERTAIN:** 

Antivirals, chloroquine, anti-IL6



CONSIDER: if proning, high Post asynchrony

NMBA infusion for 24 h



CONSIDER:

Prone ventilation 12 -16 h



**CONSIDER:** STOP if no quick response

A trial of inhaled Nitric Oxide



CONSIDER: follow local criteria for ECMO

V-V ECMO or referral to ECMO center

Mod = moderate

ARDS = adult respiratory distress syndrome

P<sub>plat</sub> = plateau pressure

SPO2 = peripheral capillary oxygen saturation

PEEP = positive end-expiratory pressure

NMBA = neuromuscular blocking agents

ECMO = extracorporeal membrane oxygenation



