## **COVID-19 Resources**

## Summary of recommendations on the management of patients with COVID-19 and ARDS

**COVID-19 with mild ARDS** 



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



Investigate for bacterial infection



Target SpO2 92% - 96%



Conservative fluid strategy



**Empiric antibiotics** 



Systemic corticosteroids

**COVID-19** with mod to severe ARDS





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 systemic corticosteroids



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







## **COVID-19 Resources**

Summary of recommendations on the initial management of hypoxic COVID-19 patients







