

Date:

Patient ID:

Checks	Treatment protocol	Yes	No
<b>Ventilation</b>	<b>AIMS: SO<sub>2</sub> 88-92%, pH &gt; 7.15, Pplat &lt; 30cm H<sub>2</sub>O</b>		
<b>Default Ventilator settings</b>	Tidal Volume (Vt): 6-8ml/kg ideal body weight		
	Mode: SIMV/VC to start. Other modes after expert advice		
	RR: 12-20		
	PEEP: See PEEP table on page 2		
<b>FiO<sub>2</sub> ≤ 50%</b>	No change needed		
<b>Oxygen &gt;50%</b>	Consider progression of underlying ARDS		
	• Higher PEEP		
	• Prone positioning early		
	• Cisatracurium infusion for paralysis		
	• Aim for negative fluid balance (see below)		
	• Recruitment maneuver – after expert advice		
	Consider secondary pathology		
	• New secondary infection VAP • Pneumothorax/lung collapse/sputum plugging		
<b>Weaning</b>	Do not back off from mandatory ventilation (SIMV) too soon High rate of relapse		
<b>Circulation</b>	<b>AIMS: MAP 65 Neutral or negative fluid balance</b>	<b>Yes</b>	<b>No</b>
<b>Rising Norad Dosage: EG: &gt; 0.25mcg/kg/min</b>	ECHO to look for acute heart failure		
	Find severe LV dysfunction – get expert advice		
	Find normal LV/RV function		
	• Consider new sepsis. ○ Cultures +/- broad spectrum IV antibiotics • Consider hydrocortisone. (Max dose 50mg IV 6 hourly) • Consider vasopressin (1-2 units/hr) • Consider NOT giving more IV fluid		
<b>Positive fluid balance</b>	Add diuretics or increase current dose		
	• Frusemide - intermittent or by infusion (max 100mg/hr)		
<b>CPR and escalation decisions</b>	• All patients need a Resuscitation Plan • Consider “Not for CPR” in all patients > 70 • Get expert advice		
<b>Sedation</b>	<b>Aims: Deep sedation to start.</b>	<b>Yes</b>	<b>No</b>
<b>Initial 3-4 days</b>	Deep sedation to tolerate SIMV and prone positioning		
	• Do not back off from sedation and mandatory ventilation (SIMV) too soon as there is a high rate of relapse • Combination of sedative and analgesic		
<b>Stable for several days FiO<sub>2</sub> &lt; 0.4</b>	Consider wean off sedation Daily sedation holidays		

<b>Sepsis &amp; treatment of COVID</b>		<b>Yes</b>	<b>No</b>
<b>COVID-19 Diagnosis</b>	Tracheal aspirate is sufficient for COVID diagnosis		
	Bronchoscopy is not indicated and is a risk		
<b>Treatment</b>	No known effective anti-microbial therapy to date		
	Steroids are not indicated for the acute lung injury		
	Steroids may have a role in COVID-associated myocarditis <ul style="list-style-type: none"> <li>• Get expert opinion</li> </ul>		
<b>Secondary infection</b>	Daily CRP and high index of suspicion for new infection		
<b>Antibiotics</b>	Standard CAP antibiotics are appropriate in the empiric treatment of all new patients		
	<ul style="list-style-type: none"> <li>• Ceftriaxone and azithromycin</li> </ul>		
	<ul style="list-style-type: none"> <li>• Consider ceasing when COVID diagnosis proven</li> </ul>		

**Team lead:**

**Signature:**

<b>Generic ICU Maintenance</b>			
<b>General Daily Checklist</b>	Feeding <ul style="list-style-type: none"> <li>• Enteral via NG tube as soon as possible</li> <li>• TPN only if enteral failed and &gt; 1 week</li> </ul>		
	DVT prophylaxis <ul style="list-style-type: none"> <li>• Clexane as 1<sup>st</sup> choice – 50% dose if GFR &lt; 30</li> <li>• Pneumatic calf compression stockings as 2<sup>nd</sup> line</li> <li>• TEDS (below knee) are not protective</li> </ul>		
	Glycaemic Control <ul style="list-style-type: none"> <li>• Aim: BSL 8-12.</li> <li>• Sliding scale for type II, Insulin infusion for type I</li> </ul>		
	Stress ulcer prophylaxis		
	VAP prevention <ul style="list-style-type: none"> <li>• 30 degrees head up (if not prone)</li> </ul>		
<b>Imaging</b>	Daily CXR? <ul style="list-style-type: none"> <li>• Consider fewer CXR's if patient is stable</li> </ul>		
	CT scans <ul style="list-style-type: none"> <li>• Not indicated as routine. Discuss with expert prior</li> </ul>		
<b>Labs</b>	Daily standard tests		
<b>Family</b>	Daily update of family Restricted visiting No physical contact		

**PEEP Table**

<b>FiO2</b>	<b>0.3</b>	<b>0.4</b>	<b>0.5</b>	<b>0.6</b>	<b>0.7</b>	<b>0.8</b>	<b>0.9</b>	<b>1</b>
<b>High PEEP</b>	5 - 12	14 - 16	16 - 18	18	18 - 20	20	22	24
<b>Middle PEEP</b>	5 - 10	10 - 14	15	16	17	18	20	20

2 PEEP regimes. High PEEP for the most severe cases

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