

Respiratory Care Modalities

RECOMMENDATIONS FOR PATIENTS WITH SUSPECTED/CONFIRMED COVID-19

The below are recommendations and should not be viewed as a substitute for clinical judgement

Inhaled Medications

Spontaneously Breathing Patients on room air or nasal cannula

- Evaluate need for inhaled medication and discontinue when possible
- MDI's are preferred to nebulizers when possible.
- Inhaled medications that do not have an MDI substitute should be re-evaluated for need frequently

Patients on High Flow Nasal Cannula or NIV

- Evaluate need for inhaled medication and discontinue when possible
- Utilize aerogen mesh nebulizer
- For NIV: ensure good mask fit to minimize leaks

Intubated Patients

- Evaluate need for inhaled medication and discontinue when possible
- Utilize aerogen mesh nebulizer

Airway Clearance Techniques/Secretion Mobilization

- Airway clearance techniques (IPV, cough assist, etc) that are intended to induce a cough or sputum production should be critically evaluated for need and discontinued (or deferred pending COVID-19 result) when possible.
- If needed, please evaluate ongoing need frequently.
- Nebulized Hypertonic Saline be critically evaluated for need and discontinued (or deferred pending COVID-19 result) when possible.

Open System Suctioning of Intubated Patients

- Opening of the ventilator circuit, for any reason, should be avoided as much as possible for all intubated patients.
- For suspected/confirmed COVID-19, open system suction should not be performed unless absolutely needed.
- In-line suction is the preferred method of suction for all intubated patients with suspected/confirmed COVID-19.

Manual Ventilation

- Patients that may require manual ventilation should have a HEPA filter placed between the bag and the mask/ETT.

**refer to posted isolation precautions to guide PPE need*