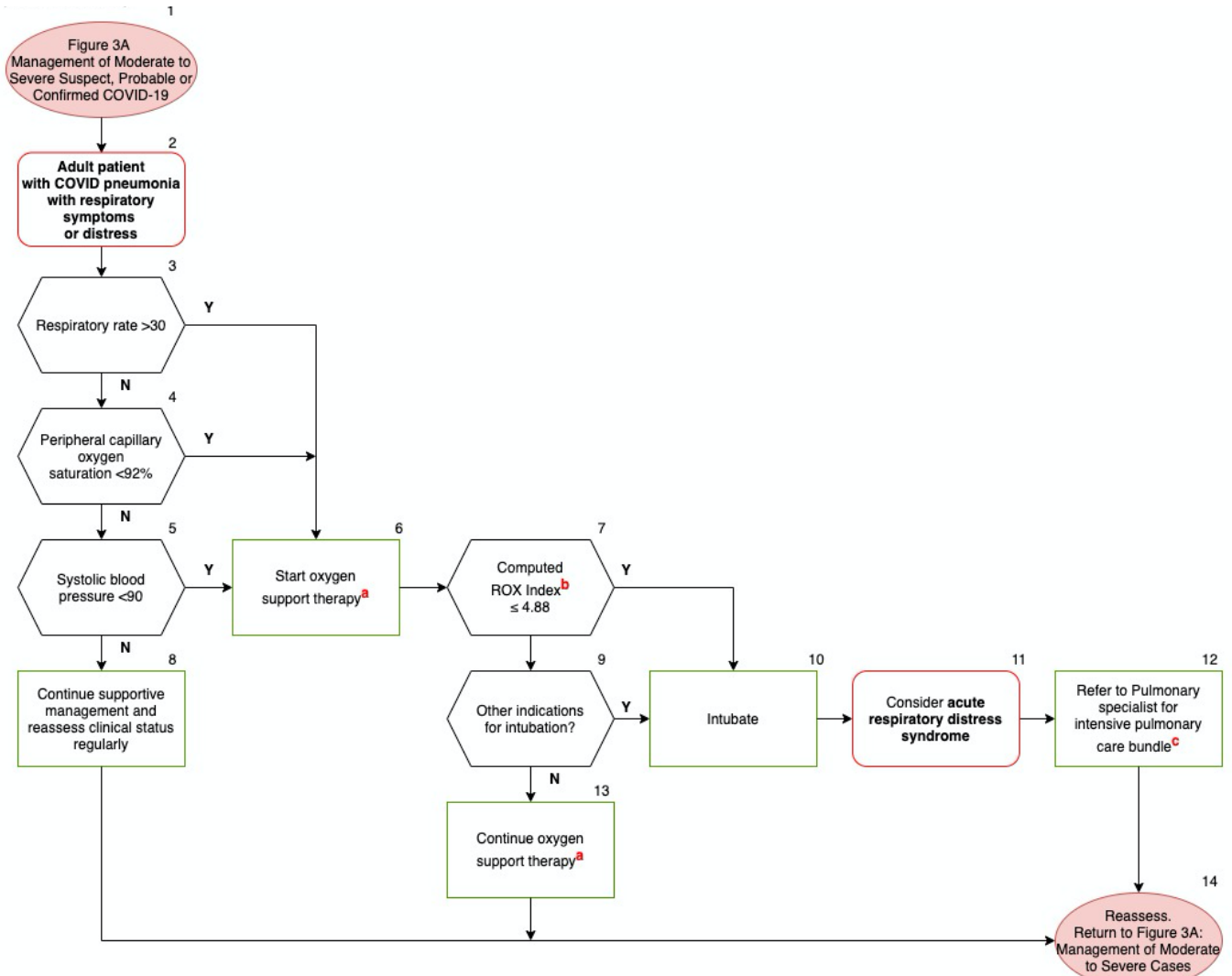


# FIGURE 3C. RECOGNITION AND MANAGEMENT OF COVID-19 ACUTE RESPIRATORY DISTRESS SYNDROME (CARDS)

NOVEMBER 7, 2020



### FOOTNOTES

#### <sup>a</sup>Oxygen support therapy

- Oxygen support via face mask or non-rebreather mask with hepa filter
- May use high flow nasal cannula at 40-60 L/min overlapped with a face mask and non-invasive positive pressure ventilation in a single negative pressure room
- Maintain  $O_2St >92\%$

#### <sup>b</sup>ROX Index

- $(SpO_2/FiO_2)/RR$
- Perform intubation if the ROX index are less than these values at the hours of checking
  - o 2 hours - < 2.8
  - o 6 hours - < 3.47
  - o 12 hours - < 3.85

#### <sup>c</sup>Intensive pulmonary care bundle

- Airborne precautions should be followed
  - o Bag-mask ventilation is not recommended, unless with hepa filter. Place patient on 6L oxygen support via nasal cannula for pre-oxygenation.
  - o Avoid disconnecting patient from the ventilator
  - o Nebulization is not recommended. Use metered dose inhalers.
  - o Use in-line catheters for suctioning.
  - o Endotracheal intubation should be performed by a trained provider using the proper PPE. One-time intubation only using rapid sequence intubation is ideal. Use video laryngoscope if available.
- ICU admission
- Conservative fluid management
- Give empiric antimicrobials, guided by the guidelines on Community-Acquired Pneumonia.
- Consider neuromuscular blockade in intubated patient with moderate-severe ARDS.
- Give anticoagulation therapy.
- Give dexamethasone 6 mg/day for 10 days
- Refer to pulmonologist or intensivist
- Initiate recruitment maneuvers and lung protection strategies
  - o Tidal volume 6-8mL/kg of predicted body weight
  - o Plateau pressure <30mmHg
  - o Use lower PEEP <10mmHg
  - o Consider prone positioning for >12 hours in institutions with proper training for maneuver
  - o Consider extracorporeal life support
- Consider investigational drugs: remdesivir, immunomodulators (tocilizumab), hemoperfusion, convalescent plasma