

OXYGEN TARGETS AND POSITIONING FOR PATIENTS WITH CONFIRMED OR SUSPECTED COVID-19 AND PATIENTS REQUIRING \geq 28% SUPPLEMENTAL OXYGEN

A GUIDE FOR CLINICAL TEAMS NOT IN HDU/ITU

References: ICS Guidance for Prone Positioning of the Conscious COVID Patient 2020
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1 INTRODUCTION

Changing position, lying flat (prone) and sitting out of bed may help oxygenation. It is crucial to make decisions regarding anticipatory care planning early. Document the escalation plan and resuscitation decision on TRAK.

2 OXYGEN TARGETS

Patients at risk of chronic hypercapnoea - Target SpO₂ 85-90%

Patients not at risk of chronic hypercapnoea - Target SpO₂ 92-96%

ALL PATIENTS MUST HAVE A TARGET OXYGEN SATURATION PRESCRIBED ON THE DRUG CHART



3 POSITIONING AND PRONING

When suggesting proning a patient must be able to move in and out position independently. They must be able to understand the instructions provided and willing to participate. The patient must be able to use buzzer system to call for help.

4 PLANNING

- Take all required equipment including oxygen masks into the patient's room.
- Talk to the patient, are they happy to try different positions and do they understand what to do if they move position and how to call for help.
- Observe and support the patient to move into the correct position.
- Pillows may be required to support the chest.
- Check the patient's oxygen saturation in the position.
- Try a short (15 minutes) period first.
- Document on the NEWS chart the patient is prone.
- Review the patient after 15 minutes.
- If comfortable wean oxygen as able.
- Recheck 15 minutes following any change of position before continuing to rotate position as detailed below.

REASONS NOT TO TRY PRONING

Absolute contraindications

- Respiratory distress (RR \geq 35, PaCO₂ \geq 6.5, accessory muscle use)
- Immediate need for intubation
- Haemodynamic instability (SBP < 90mmHg) or arrhythmia
- Agitation or altered mental status
- Unstable spine/thoracic injury/recent abdominal surgery

Relative Contraindications:

- Facial injury
- Neurological issues (e.g. frequent seizures)
- Morbid obesity
- Pregnancy (2/3rd trimesters)
- Pressure sores / ulcers

5 ROTATE POSITION AND REPEAT AS TOLERATED

Monitor oxygen saturations after each position change + NEWS as required.

- 30 minutes to 2 hours lying fully prone (bed flat)
- 30 minutes to 2 hours lying on right side (bed flat)
- 30 minutes to 2 hours sitting up (30-60 degrees) by adjusting head of the bed
- 30 minutes to 2 hours lying on left side (bed flat)

6 WHAT TO DO IF THE PATIENT DETERIORATES

Ensure oxygen is connected to patient.

Increase inspired oxygen,

Change patients position and consider return to supine position. Call for help.

DISCONTINUE IF:

- No improvement with change of position
- Patient unable to tolerate position
- RR \geq 35, looks tired, using accessory muscles