

Approach to the Hypoxic Patient

- Find out:**
- Goals of care?
 - Appropriate intubation candidate?
 - Full PPE and negative pressure room available?
 - Vent and/or CPAP available?
 - Other patients awaiting a ventilator?

Hypoxic patient

Hypoxia SpO₂:
 < 92% non-COPD
 < 88% advanced COPD

Start NP O₂ (up to 6 L/min) and maximal medical management

Patient stabilized (SpO₂ 92-96%)

- Admit to appropriate ward
- Monitor for deterioration (eg worsening SpO₂, increasing O₂ requirements)

Patient still hypoxic

Is a ventilator available?

NO

Accepted for rapid transfer to tertiary care?

YES

YES

NO

- Intubation Checklist:**
- Consistent with goals of care?
 - No contraindications?
 - No other patients awaiting vent who would take priority? (see: Ventilator Allocation Protocol)
 - Airborne PPE and negative pressure room available?
 - Reviewed with 2nd MD to verify appropriateness & plan for intubation (if time allows)?

DO NOT INTUBATE

Fails checklist (Intubation is **not** appropriate)

Passes checklist (Intubation is appropriate)

Protected Intubation (see Protected Intubation protocol)

Negative pressure room
 Airborne PPE & precautions

Patient meets criteria to require intubation but **no ventilator is available** (i.e. temporizing is needed)

- Consider strategies to increase O₂ delivery beyond 6L/min, e.g.**
- NRB with viral filter up to 15 L/min
 - High-flow nasal cannula under viral filter + tightly fitted **CPAP/ BiPAP mask** (*not* hooked up to machine) or **anesthesia mask**

There are **contraindications** to intubation **OR** Patient meets criteria to require intubation but **declines it** (i.e. intubation is not consistent with goals of care)

Palliative / Comfort-focused Management