WAHT Respiratory referrals during the COVID19 period (guidance for consultants and junior doctors)

Urgent daytime referrals

Please refer COVID19 patients who your senior decision maker (Consultant or registrar) feels may be appropriate for either ITU or for a ceiling of ward based CPAP at the point they are requiring **≥ 40% fi02 to maintain oxygen saturations ≥ 92%.**

After respiratory review, we will transfer patients in this group who we feel are ITU or ward based CPAP candidates to the respiratory wards when beds are available.

WRH – 8.30am to 10pm bleep consultant on 743
AGH – 9am- 9pm call consultant on mobile via switchboard

Referrals overnight

(WRH 10pm- 8.30am, AGH 9pm-9am)

The medical registrar should discuss with the Consultant Physician on call to confirm the escalation plan for each patient before then bleeping the ITU medical team (bleep 702) for patients who are a candidate for escalation beyond facemask oxygen at the point they are requiring **≥ 60% fi02 to maintain oxygen saturations ≥92%.**

The ITU consultant may advise CPAP on one of the respiratory wards directly for patients they decide are ITU candidates.

If not an ITU candidate after discussion with ITU consultant, but still considered for CPAP, medical registrar to then call respiratory consultant to discuss suitability for a CPAP trial.

For patients already established on CPAP who are ITU candidates the medical registrar should call ITU when patients have a **respiratory rate of > 30 or 02 sats < 92% on CPAP 10cmH20 with fi02 80% (or 15L).**

Notes on suitability of referrals

CPAP availability is limited due to oxygen supply and must be restricted to those most likely to benefit.

Patients unlikely to tolerate and benefit from ward based CPAP:

- Delerium
- Confusion or dementia with loss of mental capacity to understand CPAP treatment and decisions
- Unable to sit up and on edge of bed unaided
- GCS <15
- Systolic BP<90
- > 2 acute organ failures
- Significant comorbidities making CPAP futile

Some patients in the above group may still benefit from consideration of invasive ventilation (including, acute delirium, acute rapid physiological deterioration in a previously fit patient and reduced GCS due to acute hypercapnia or hypoxia).

Please make an accurate assessment of the clinical frailty score in the month before admission and provide a full list of co-morbidities when you call the respiratory or ITU consultant.

Cases will fall outside of this guidance and medical registrars are strongly encouraged to contact the respiratory, general medical and ITU Consultants when there is any uncertainty. We are here to support you in difficult escalation decisions.