

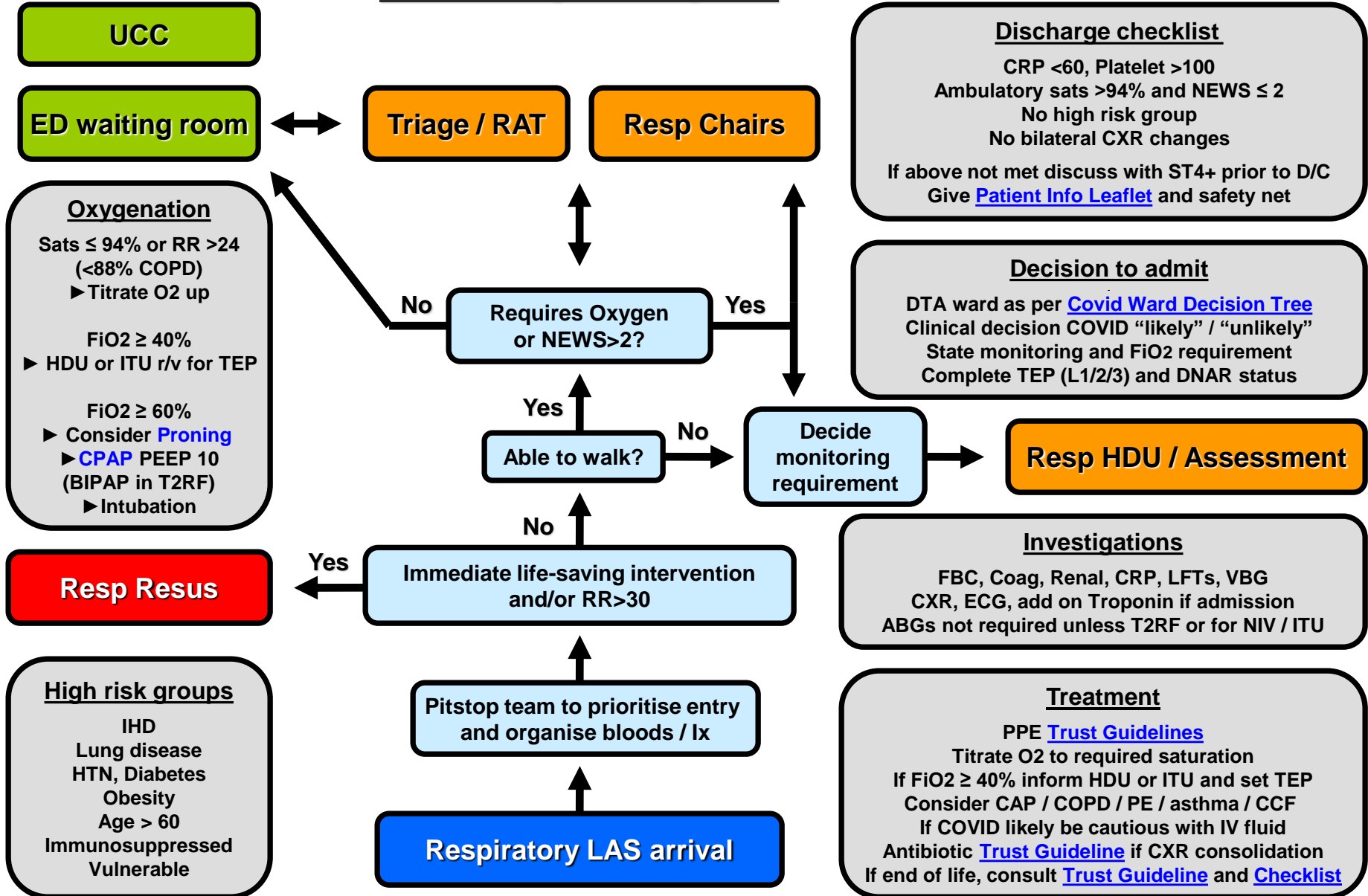


Putting **patients**
at the **HEART**
of everything we do



London North West
University Healthcare
NHS Trust

Respiratory ED flow and management guide



UCC

ED waiting room

Triage / RAT

Resp Chairs

Discharge checklist
 CRP < 60, Platelet > 100
 Ambulatory sats > 94% and NEWS ≤ 2
 No high risk group
 No bilateral CXR changes
 If above not met discuss with ST4+ prior to D/C
 Give [Patient Info Leaflet](#) and safety net

Decision to admit
 DTA ward as per [Covid Ward Decision Tree](#)
 Clinical decision COVID “likely” / “unlikely”
 State monitoring and FiO2 requirement
 Complete TEP (L1/2/3) and DNAR status

Oxygenation
 Sats ≤ 94% or RR > 24 (< 88% COPD)
 ▶ Titrate O2 up
 FiO2 ≥ 40%
 ▶ HDU or ITU r/v for TEP
 FiO2 ≥ 60%
 ▶ Consider [Proning](#)
 ▶ [CPAP](#) PEEP 10 (BIPAP in T2RF)
 ▶ Intubation

Resp Resus

High risk groups
 IHD
 Lung disease
 HTN, Diabetes
 Obesity
 Age > 60
 Immunosuppressed
 Vulnerable

Decide monitoring requirement

Resp HDU / Assessment

Investigations
 FBC, Coag, Renal, CRP, LFTs, VBG
 CXR, ECG, add on Troponin if admission
 ABGs not required unless T2RF or for NIV / ITU

Treatment
 PPE [Trust Guidelines](#)
 Titrate O2 to required saturation
 If FiO2 ≥ 40% inform HDU or ITU and set TEP
 Consider CAP / COPD / PE / asthma / CCF
 If COVID likely be cautious with IV fluid
 Antibiotic [Trust Guideline](#) if CXR consolidation
 If end of life, consult [Trust Guideline](#) and [Checklist](#)

Respiratory LAS arrival

Pitstop team to prioritise entry and organise bloods / Ix

Immediate life-saving intervention and/or RR > 30