

**Initial Oxygen Recommendation:**

Target Saturations:  88-93%  ≥ 94%  Other

Device:  Nasal\_\_L/min  Simple mask\_\_L/min  Venturi  28  35  40  60  Reservoir mask

**SENIOR REVIEW**

Name:

Date:

Grade:

Time:

Diagnosis: **COVID-19**  Likely  Possible  Unlikely Day of disease:

Other acute diagnosis:

Other significant comorbidities:

1.  2.  3.

Suitable for cohorting:  YES  No

**CARE ESCALATION PLAN**

CFS

TEP completed:  YES  NO

Highest level of care appropriate:  Ward  CPAP  NIV  Intubation  Palliative

Recommendation:  Full escalation  Ward based only  Palliative

Decision made by: Name:

Grade:

Patient / Relative aware of decision:  YES  NO

Date/time:

Consultant agreement: Name:

**FURTHER REVIEW**

Name:

Date:

Grade:

Time:

Assessment:

Sats  RR

Current Oxygen Treatment

Recommendations: PLEASE INCLUDE ANY ADJUSTMENTS TO OXYGEN THERAPY / VENTILATORY SUPPORT REQUIRED

ITU Review requested  PAART review requested

**FURTHER REVIEW**

Name:

Date:

Grade:

Time:

Assessment:

Sats  RR

Current Oxygen Treatment

Recommendations: PLEASE INCLUDE ANY ADJUSTMENTS TO OXYGEN THERAPY / VENTILATORY SUPPORT REQUIRED

ITU Review requested  PAART review requested