ICU COVID-19 Daily Review

Respiratory

SpO_2 88-92%

pH > 7.25

Tidal volume 6ml/kg ideal body weight – check!

FiO_2	**PEEP (cmH_2O)**	**Sedation**	**Mode of ventilation**	**Position**
0.8 or more	10 (initially, can be adjusted)	Midazolam Fentanyl Cisatracurium	V-SIMV / VCV	Consider prone
0.7				Consider prone
0.6		Midazolam Fentanyl	BiPAP / PSPPro	Supine
0.5				
0.4	5-8	Propofol Fentanyl	Aim for ASB	Supine
0.3	5			

Is the patient on Carbocisteine (750mg TDS NG)? – check!

Can I wean this patient today? Beware of initial improvement – this may precede deterioration. Recovery must be sustained for weaning to take place.

Patients on low FiO_2 should be flagged to the ICU team for consideration of transfer.

If the patient has a tracheostomy:

- Can I reduce the ASB? – No lower than 10
- Can I start or increase trache mask trials today? No reason not to if the patient is tolerating the weaning well.
- Can I decannulate this patient?

Sedation

Use fentanyl and midazolam initially and paralyse with NMBA infusion. Consider discontinuation of the NMBA if FiO_2 0.60 or less.

Consider changing sedation if the patient is improving.

Do not routinely do sedation holds. The patient needs to be on low FiO_2 before this is considered.

Cardiovascular

Noradrenaline usually needed in small doses for sedation

Septic shock is unusual and should prompt the consideration of an alternative or co-existing diagnosis

Consider myocarditis in haemodynamically unstable patients – get an echo early and discuss with the ICU team.

Fluids and electrolytes

Target K^+ >4.0

Accept Hypernatraemia

Avoid Mg^{2+} replacement unless absolutely necessary

Replace PO_4^- if <0.60 - use the enteral route for PO_4^- if the patient has a functioning gut

The use of 'maintenance fluid' is strongly discouraged. Bolus 250ml Hartmann's if needed

Target urine output 0.2-0.3ml/kg/hour

It is better to keep the patient 'a little on the dry side.'

If the cumulative fluid balance is >2000ml, commence diuresis:

- Furosemide 20mg QDS IV
- Spironolactone 500mg BD NG
- One-off dose of acetazolamide 500mg IV

Flag patients who may need CVVH to an ICU consultant

Nutrition and bowel care

Nutrition is essential – start on admission and continue.

Accept NG aspirates of up to 500ml. Consider prokinetics if aspirates >500ml.

Ranitidine 50mg TDS IV for 5 days or until full feed is established, whichever is earlier

Commence laxatives on admission and do not discontinue unless persistent loose stools occur.

Antibiotics

Can I stop antibiotics today?

Stop the antibiotics after 5 days unless there is a very good reason not to. This pandemic should not be seen as an excuse for poor antibiotic stewardship.

WCC/CRP and temperature continue to rise beyond day 5 and should not be used for antibiotic stewardship. CXR features are also a poor guide.

Other

Do not prescribe paracetamol for pyrexia

Consider a RESPECT form for patients with high Oxygen requirements