

OXYGEN THERAPY and COVID - 19

Which devices are OK for use in a regular room and which therapies require airborne infection isolation rooms (AIIR).

WHAT OXYGEN DEVICES CAN BE USED IN A REGULAR PATIENT ROOM?

Oxygen therapy that is low to moderate flow and **without** heat or humidity can be delivered safely in a regular patient room - no AIIR needed.

This includes nasal cannulas and masks with a flow of **1-15 Lpm**, as well as MDI inhalers and OPEP devices (e.g. Aerobika).

WHICH THERAPIES REQUIRE AN AIIR?

Any aerosol-generating procedure (AGP) ideally should be done in an AIIR.

If an AIIR is not available, don an N95 and keep the room door closed.

Oxygen therapies that are considered an AGP include: intubation, mechanical ventilation, bag-mask ventilation, patients with a tracheostomy, nebulizers, CPAP/BiPap **and** any device with a flow of greater than 15 Lpm (with or without heat or humidity).

WHY DOES IT MATTER?

It is important to know if we need protection from respiratory droplets or from smaller, aerosolized particles.

Droplets are large, and we can be protected by a simple facemask in a regular room.

Aerosolized particles are nano-sized, and we need to be protected with an N95 mask, ideally in a negative airflow environment.

WHAT SHOULD I MONITOR FOR?

A target SpO₂ of 90% - 96%, heart rate, respiratory rate, and response to oxygen therapy.

Be mindful of increasing oxygen demands - if your patient is requiring more oxygen, contact the MD, respiratory therapist, and/or your rapid response/intervention team.

If the patient is not responding to high-flow oxygen, it may be time to consider BiPap or intubation.