

# Oxygen Therapy for COVID-19

Any adult COVID-19 patient with SpO<sub>2</sub> < 94%  
 If SpO<sub>2</sub> unavailable: RR > 22 or increased work of breathing

Administer O<sub>2</sub> with nasal cannula and set flow rate between 2 to 6L/min (O<sub>2</sub> concentrator or any O<sub>2</sub> source)

SpO<sub>2</sub> > 92% with O<sub>2</sub> by nasal cannula and flow rate ≤ 6 L/min

YES

*Perform trials of nasal cannula weaning each shift:*

1. Turn off the oxygen completely while monitoring at bedside with pulse oximetry for at least 5 minutes.
  - a. If SpO<sub>2</sub> remains above 92% off oxygen, oxygen therapy may be discontinued.
  - b. If SpO<sub>2</sub> falls below 92%, restart oxygen at lowest rate necessary to keep SpO<sub>2</sub> > 92%.
2. Recheck SpO<sub>2</sub> after 30 minutes and 1 hour to ensure SpO<sub>2</sub> remains adequate

NO

Administer oxygen with simple facemask at flow rate of 10 L/min (switch to O<sub>2</sub> cylinder or wall source)

SpO<sub>2</sub> > 92% with O<sub>2</sub> by simple facemask and flow rate of 10 L/min?

YES

*Perform trials of simple facemask weaning each shift:*

Slowly decrease oxygen flow until oxygen saturation is between 92% and 96% (do not go below 6 L/min)

NO

Administer oxygen with non-rebreather mask at flow rate of 15L/min (O<sub>2</sub> cylinder or wall source)

SpO<sub>2</sub> > 92% with O<sub>2</sub> by non-rebreather mask and flow rate of 15 L/min?

YES

*Perform trials of non-rebreather mask weaning each shift:*

Slowly decrease oxygen flow until oxygen saturation is between 92% and 96% (do not go below 10 L/min)

NO

Proceed to management of ARDS

Consider awake proning

