Any adult COVID-19 patient with SpO2<94%

If SpO2 unavailable: RR > 22 or increased work of breathing

Administer O2 with nasal cannula and set flow rate between 2 to 6L/min (O2 concentrator or any O2 source)

SpO2 >92% with O2 by nasal cannula and flow rate ≤6 L/min

YES

NO

Administer oxygen with simple facemask at flow rate of 10 L/min (switch to O2 cylinder or wall source)

SpO2 >92% with O2 by simple facemask and flow rate of 10 L/min?

YES

NO

Administer oxygen with non-rebreather mask at flow rate of 15L/min (O2 cylinder or wall source)

SpO2 >92% with O2 by non-rebreather mask and flow rate of 15 L/min?

YES

NO

Proceed to management of ARDS

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 SpO2 remains above 92% off oxygen, oxygen therapy may be discontinued.
   b. If SpO2 falls below 92%, restart oxygen at lowest rate necessary to keep SpO2>92%.

2. Recheck SpO2 after 30 minutes and 1 hour to ensure SpO2 remains adequate

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)

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)