

# What masks should I wear?

## Oxygen devices and management – COVID19

Device	FiO2	Flowmeter Setting	Aerosol Generating	N-95 or Surgical Mask	Miscellaneous
Oxygen Nasal Cannula 	22 – 45%	Up to 6 L/min	No	Surgical Mask	Humidification $\geq$ 4 liters or when requested
Simple Mask 	40 – 60%	5 to 10 L/m	No	Surgical Mask	
Partial – Rebreather 	60 – 80%	>10 L/min	No	Surgical Mask	Remove all flaps
Non – Rebreather 	80 – 100%	>10 L/min	No	Surgical Mask	One flap on side and one flap between mask and bag.
*High Flow Nasal Cannula – “Salter” (Green Bore Tubing) 	24 – 80%	Up to 15 L/min	No	Surgical Mask	<b>COOL</b> Humidification (see next page for instructions)
Venti-Mask 	24 – 50%	Varies	No	Surgical Mask	
Heated High Flow Nasal Cannula aka “HHFNC” or “Optiflow” 	22 – 100%	Up to 60 L/m and 30 L max for COVID Patients	Yes	N-95	<b>Heated</b> humidification ICU, F2 & Hospice only
AEJN (Aerosol Entraining Jet Nebulizer) aka aerosol mask/trach aerosol mask 	28 – 100%	Variable	Yes	N-95	Humidification needed
Nebulizer Treatments 			Yes	N-95	GPU/ICU – handheld or mask treatment ICU also vent treatments
Ventilator 	Managed by Respiratory Therapy		Yes	N-95	ICU Only/Emergency Department
CPAP ResMed 	Managed by Respiratory Therapy		Yes	N-95	For Sleep Apnea
BIPap (V-60) 	Managed by Respiratory Therapy		Yes	N-95	ICU /Emergency Department

4/8/2020jm\_cj0700

\*The name of the oxygen device may have the words “High Flow” in it or the levels of oxygen might be high, **but only aerosol generating procedures require a N-95 mask.**

## COVID-19 Oxygen requirements

Patients who have been admitted to the ICU, placed on mechanical ventilation, and successfully extubated can be transferred to the GPU on  $\leq 10$  Liters after being at this level of oxygen for 24 hours.

For patients currently on the GPU who have worsening oxygen needs  $\geq 6$  Liters, the provider should notify the MICU triage fellow; however, these patients might not transfer to the ICU immediately given ICU bed availability.

\*Pre-COVID at HFH, a patient requiring non-rebreather mask had a 2-hour time limit to resolve or be transferred from a GPU to an ICU bed. In the COVID epidemic, this is no longer the case. They may not be transferred depending on the situation.

Consider awake prone positioning if no contraindications; please consult with the Critical Care Pulmonary Fellow for further guidance.

Awake prone position  
(With alveolar collapse)

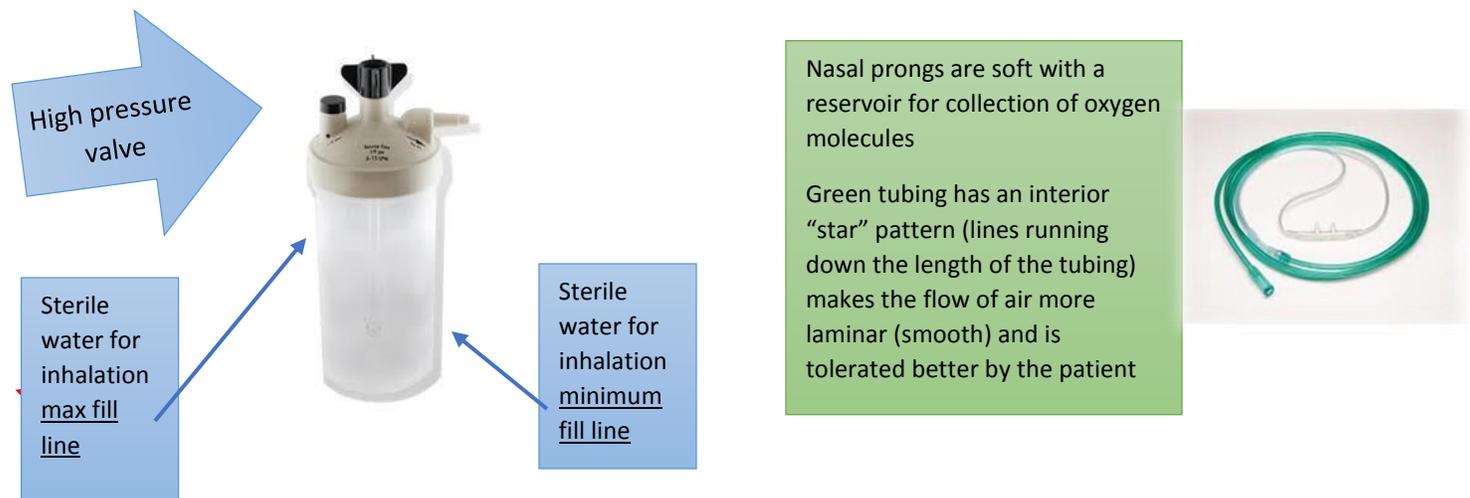


Patients who are DNAR/DNI and currently on an Optiflow™ (Heated High Flow Nasal Cannula - HHFNC) device should be converted to a Salter® (high flow) device or a Venti-mask for transfer to the GPU.

Patients who are DNAR/DNI and not currently on high flow oxygen should be maintained on a GPU with oxygen titrated up as needed to a Salter® device but should not be placed on a HHFNC device.

## Salter High Flow

Patients on **any** GPU may see the Salter High Flow Oxygen. It provides cool humidity via a "bubbler". The bubbler is pressurized so it can provide a greater amount of oxygen. There is a pressure valve on the bubbler. If the tubing is pinched, you will hear a high-pitched noise from the pressure valve. You should check the high-pressure valve daily.



- Green high flow nasal cannulas come in two lengths: 7 feet and 25 feet.
  - **You CANNOT use clear oxygen extension tubing with this device. Liter flows less than 6 should be changed to standard cannula with bubble humidifier for proper humidification.**
- Do not fill water at max line or higher, it should be slightly below, so water does not bubble into cannula tubing.
- If water is at minimum fill line or below, the patient is **not** receiving humidification and may experience some dryness/discomfort.
- The device itself does not require an order. However, the provider needs to indicate desired SpO<sub>2</sub> parameters when ordering oxygen. This device is then weaned by RN/RT staff as tolerated like other oxygen devices.
- To obtain this cannula and humidifier or, have any questions regarding this device, call the RT supervisor at 313-916-0627 (24/7) or page 3030.