**Supplemental oxygen therapy protocol for community management of patients with suspected or confirmed COVID-19**

**Criteria for use:**

* Patient with suspected or confirmed COVID 19 respiratory infection as deemed by named GP and/or senior GST/KCH decision maker
* Patient with advance care plan setting out ceiling of care = home based, not for hospital transfer, not for intubation or ventilation, not for NIV, DNACPR
* New hypoxia, below target saturations as set out in care plan

Target Saturations, Patient categories and Oxygen Treatment Plan:

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| --- | --- | --- | --- |
| **Oxygen target saturation** | **>88-92%** | **>92-96%**  | **Patient specific** |
| **Underlying diagnosis** | COPD Obesity (BMI>30)Previous strokeSleep apnoeaChest wall disease eg kyphosis/scoliosisKnown neuromuscular disease  | All others | COPD known to respiratory teamHome ventilator patients known to respiratory team |
| **Oxygen therapy administration plan** | 24% Venturi mask at 2–3 L/min or 28% Venturi mask at 4 L/min or Nasal cannulae at 1–2 L/min | Nasal cannulae at 2–6 L/min or Simple face mask at 5–10 L/minIf saturation below 85%: Reservoir mask at 15 L/min | Follow respiratory plan |

 **Supplemental oxygen pathway:**

* Oxygen therapy prescribed by senior HCP
* Home oxygen order form (HOOF) completed by..? @home HCP/IRT/GP …..[logistics]
* Cylinders or concentrators?
* Decontamination/reuse of equipment?
* Support and training for nursing home/@home staff?
* Observations plan?