

**CLINICAL GUIDELINE**

**Advice for Management of Covid Infection in Nursing Homes –**

**Use of Oxygen**

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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| **Version Number:** | *1.0* |
| **Does this version include changes to clinical advice:** | *No* |
| **Date Approved:** |  |
| **Date of Next Review:** | *+6 months from review date* |
| **Lead Author:** | *Dr David Anderson,* |
| **Approval Group:** | *Respiratory MCN* |

**Important Note**:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as ‘Uncontrolled’ and as such, may not necessarily contain the latest updates and amendments.

**Management of Covid-19 Infection in Nursing Homes- Use of Oxygen**

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| **Background** | When considering the possible use of oxygen it is important that the decision is discussed early with patients and their families. A review of their current presentation and recent level of frailty should take place and also take into account their Anticipatory Care Plan. It is important to discuss what their wishes regarding treatment and admission are as well as speaking to their family member if they are unable to be part of this conversation. Once the decision regarding admission has taken place a pragmatic discussion should be had both in terms of potential benefits and potential risks including limitations of oxygen delivery in Nursing Homes (maximum delivery of 5L/min).[[1]](#endnote-2) |
| **Intended Users** | General Practice and Advance Nurse Practitioner prescribers. |
| **Target Population** | Nursing Home residents, with Covid infection (confirmed or highly suspected), who are felt not to be suitable for hospital admission or who do not wish hospital admission.  Those patients felt to be suitable for hospital admission should continue to be admitted to allow optimisation of oxygenation, potential for CPAP therapy and consideration of dexamethasone, along with other drugs such as remdesivir, in that setting. |
| **Inclusion criteria** | 1. Proven Covid Infection (or highly suspected) 2. New oxygen requirement with O2 sats <88% on room air 3. Not for admission to hospital due to co-morbidity / frailty / patient wishes / treatment escalation plan  See GGC Medicines Adult Therapeutics Handbook for additional information <https://handbook.ggcmedicines.org.uk/guidelines/covid-19-coronavirus/covid-19-coronavirus-infection/> |
| **Exclusion criteria** | 1. No requirement for oxygen 2. Nearing end of life   **See** GGC Medicines **Adult Therapeutics Handbook for additional information** <https://handbook.ggcmedicines.org.uk/guidelines/covid-19-coronavirus/covid-19-coronavirus-infection/> |
| **Dosing information** | Initiate oxygen via nasal cannula with aim to maintain O2 sats between 90-94%.  If at risk of respiratory failure (e.g. COPD, neuromuscular) O2 sats 88-92%.  The target oxygen saturation would be 90-94% with oxygen concentrators able to deliver a maximum of 5L/min via nasal cannula.  Contact Respiratory Nurse Specialist Team (North 0141 201 5436, South 0141 451 6073 / 0141 451 6074, Clyde 0141 314 7400 / 0141 550 5047) to arrange delivery of further oxygen concentrator.  Patients who are not for escalation to secondary care and who have increasing oxygen requirements despite these treatments may require a more palliative approach. |
| **Review / escalation considerations** |  |

**Additional Background Information**

**Oxygen concentrators in Nursing Homes**

In the first wave of the Covid Pandemic all Nursing Homes in Greater Glasgow and Clyde were offered a "Just in Case" oxygen concentrator to allow timely administration of oxygen should a patient require and these concentrators should be in place.

If a Nursing Home does not have a concentrator please contact our Respiratory Nurse Specialist Team, contact details below, to arrange delivery of an oxygen concentrator.

If a "Just in Case" concentrators is used please contact the Respiratory Nurse Specialist Team, contact details below, as soon as possible, to arrange for delivery of a further concentrator.

To arrange delivery of an oxygen concentrator contact Respiratory Nurse Specialist Team

North - GRI/Stobhill - 0141 201 5436

South - QEUH/GGH/VIC – 0141 451 6073 / 0141 451 6074

Clyde - IRH/VOL/RAH - 0141 314 7400 / 0141 550 5047

Nursing Home Resident

Covid

infection (confirmed or highly suspected)

New oxygen

reqirement

(O

2

sats

<88% on room air)

Continue to

monitor

No

Yes

Review presentation / frailty level

Discuss with family

Review ACP

1.

Review

presentation /

frailty level

2.

Discuss with family

3.

Review ACP

FOR ADMISSION

NOT FOR ADMISSION

OXYGEN

1.

Aim to maintain O

2

sats

between 90

-

94%

through nasal cannula

2.

If

at risk of respiratory

failure (e.g. COPD,

neuromuscular) O

2

sats

88

-

92

%

3.

N

ursing Home to

contact

Respiratory

Nurse Specialist Team

to

arrange delivery of

further oxygen

concentrator

JUST IN CAST

MEDICINES

1.

Ensure

permission in

place to give

level 2

medicines

2.

Prescribe CDs

Respiratory

Nurse Specialist

Team contact details:

North 0141

201

5436, South 0141

451 6073 / 0141 451

6074, Clyde 0141

314 7400 / 0141 550 5047

1. <https://www.recoverytrial.net/news/low-cost-dexamethasone-reduces-death-by-up-to-one-thirdhospitalised-patients-with-severe-respiratory-complications-of-covid-19> ) [↑](#endnote-ref-2)