

Task Specific Respiratory Adjuncts: WAHT Guideline for ward based use of AGP and adjuncts in Adults 2021

AGP	Non – Covid pathway	Covid pathway (includes Covid positive, Covid contact, and patients awaiting PCR test)	
		Non AGP (eg Avon 3)	AGP area (eg ARU)
Humidified Oxygen	Can be used as per Trust O ₂ guidelines. Usual PPE for area. (Apron, gloves, FRSM) Eye protection can be used in accordance with risk assessment* (see below)	Should not be used Manage with Venturi mask	Can be used as per Trust O ₂ guidelines. AGP PPE: Gown, apron, gloves, FFP3 mask, eye protection
HFNO Type 1 respiratory failure patients for full escalation must have an ICU review HFNO must not be used for palliative patients	Can be used as per Trust guidelines. Can only be used on wards competent in HFNO. Gloves, apron, FRSM and eye protection Can upgrade to FFP3 mask and gown if increased risk factors* (see below)	Should <u>not</u> be used	Can be used in an AGP area. AGP PPE
Open suction Includes Altered Airways: Trache / lary, NP / OP procedures	Can be performed in an open bay <i>Bay <u>does not</u> need to be closed for 1 hour</i> Gloves, apron, FRSM and eye protection Can upgrade to FFP3 mask and gown if increased risk factors* (see below)	AGP PPE to be worn by staff performing the procedure Close bay for 1 hour post procedure, place sign on door of time procedure performed	Can be performed in an AGP area AGP PPE to be worn by staff performing the procedure
Peak Flow	Usual practise to resume for monitoring asthmatics with peak flow charts Supervising staff to stand >2m away with fluid resistant mask and eye protection	Should <u>not</u> be performed	Can be performed in an AGP area AGP PPE to be worn by staff performing the procedure
Nebulisers <i>Switch off nebuliser as soon as drug has been delivered</i> Change to inhalers as soon as clinically able. Caution with Hypertonic Saline	Can be used as per Trust guidelines. Supervising staff to stand >2m away with fluid resistant mask and eye protection	Only prescribe nebulisers if there is a clear indication (audible wheeze, exacerbation of known airways disease or definite evidence of tenacious respiratory secretions). Supervising staff to stand >2m away with fluid resistant mask and eye protection	Can be used as per trust guidelines. AGP PPE Only prescribe nebulisers if there is a clear indication (audible wheeze, exacerbation of known airways disease or definite evidence of tenacious respiratory secretions)

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Cough Assist	<p>Can be used as per Trust guidelines.</p> <p>Gloves, apron, FRSM and eye protection.</p> <p>Can upgrade to FFP3 mask and gown if increased risk factors* (see below)</p>	<p>Should <u>not</u> be used routinely</p> <p>(Discuss with senior)</p>	<p>Can be used as per Trust guidelines.</p> <p>AGP PPE</p>
Domiciliary CPAP / NIV	<p>Can be used in open bays</p> <p>Use patients own mask and tubing</p> <p>Apply face mask before switching on; switch off before removing mask.</p> <p>Apron, gloves, FRSM and eye protection recommended for staff</p>	<p>Should <u>not</u> be used</p> <p>CPAP may be omitted for short admissions if solely for OSA</p>	<p>In AGP area, ICU or ARU, with AGP PPE.</p> <p>Change home mask and tubing to hospital mask and tubing with 2 x filters</p> <p>Disconnect any humidification on patient's machine.</p> <p>Apply face mask before switching on; switch off before removing mask.</p>
Acute NIV / BiPAP See WAHT Covid CPAP guideline V3 Jan 2021 and WHAT-RES-004 NIV guideline	<p>Can be used on ARU high care</p> <p>Gloves, apron, FRSM and eye protection</p> <p>Can upgrade to FFP3 mask and gown if increased risk factors – see below</p> <p>Can be started in A&E high care pods with use of filter if urgent clinical need, after 60 mins medical management <u>only if</u>: Covid lateral flow test negative <u>and</u> no clinical indication to suspect Covid.</p> <p>Rapid Covid PCR must be sent immediately if indication for NIV is identified</p>	<p>Should <u>not</u> be used</p>	<p>Must <u>not</u> be started in A&E</p> <p>Must only be delivered in ICU Covid pods or ARU Covid AGP area with AGP PPE</p> <p>If awaiting PCR test, please liaise with ICU / ARU for best location to start BiPAP</p> <p>Change home mask and tubing to hospital mask and tubing with 2 x filters</p> <p>Disconnect any humidification on patient's machine.</p> <p>Apply face mask before switching on; switch off before removing mask.</p>
Acute CPAP See WAHT Covid CPAP guideline V3 Jan 2021	<p>Should only be used routinely on CCU and ICU.</p> <p>Not routinely offered on ARU for type 1 respiratory failure.</p>	<p>Should <u>not</u> be used</p>	<p>Must <u>not</u> be started in A&E</p> <p>Must only be delivered in ICU Covid pod or ARU Covid AGP area with AGP PPE</p> <p>If awaiting PCR test, please liaise with ICU / ARU for best location to start CPAP</p>

*** Risk assessment - please consider high risk in patients:**

- coughing; with excessive secretions or with an Increased temperature, an increased respiratory rate or increased O₂ demand
- recent PCR test positive or a recent covid contact

FRSM = Fluid resistant surgical mask