Respiratory High Dependency Unit Admission and Oxygen Escalation Policy

**HDU Ceiling**
- > 60% Oxygen or 8L/min
  - REMAIN hypoxic

1L/min NRB for transfer to HDU

**Trial awake proning**
- REMAIN hypoxic

**Device CPAP**
- Non-ventilated circuit with exhalation port:
  - Start at 15L/min Oxygen flow with 4 cmH₂O
  - Increase to 8 – 14 cmH₂O

**ADD extra oxygen**
- TIP: additional oxygen connector to give 8L/min

**Wall CPAP**
- Start at trial flow 4L/min and oxygen 60%

**Sedation**
- Conscious sedation eg: Midazolam 3.5mg SC

**SNV intolerance of CPAP**
- REMAIN hypoxic

**HFNO**
- Start at trial flow 4L/min and Oxygen 60%

** ICU Ceiling**
- > 40% Oxygen or 8L/min
  - REMAIN hypoxic

1L/min NRB for transfer to HDU

**Trial awake proning**
- REMAIN hypoxic

**Device CPAP**
- Non-ventilated circuit with exhalation port:
  - Start at 15L/min Oxygen flow with 4 cmH₂O
  - Increase to 8 – 14 cmH₂O

**ADD extra oxygen**
- TIP: additional oxygen connector to give 8L/min

**Wall CPAP**
- Start at trial flow 4L/min and oxygen 60%

**Sedation**
- Conscious sedation eg: Midazolam 3.5mg SC

**SNV intolerance of CPAP**
- REMAIN hypoxic

**HFNO**
- Start at trial flow 4L/min and Oxygen 60%

**Respiratory HDU Admission Criteria**
- Oxygen saturation < 95% despite Oxygen > 60% or ventilator settings
- Sedation: Patients for full escalation with gradual escalation of oxygen requirement over several hours to dose sedation
- Patients with intubation evidence (e.g. intubation CT)
- Patients with sedation evidence (e.g. CPAP in situ)

**Choosing Modes of Oxygen Support**
- When the patient requires more than 40% Oxygen or 8L/min, switch to NRB 15L/min to enable safe transfer to destination ward

1. Consider trial of awake proning if feasible. Oxygenation can improve significantly without needing further oxygen therapy.
2. Machine CPAP at 5 – 7 cmH₂O + 15L/min atmospheric oxygen using non-ventilated nasal circuit. The application of CPAP can improve oxygenation by recruitment of functional residual capacity. If sedation is required and not for ICU, consider adding further oxygen connector and running up to an additional 15L/min of 80% oxygen.
3. Consider HFNO if there is insufficient equipment to deliver a non-ventilated circuit setup, insufficient trained nursing staff, or if the patient is unable to tolerate nasal mask despite conscious sedation. Start with trial flow of 4L/min and Oxygen 60% (with side flow – 25L/min oxygen).
4. Consider high-flow nasal CPAP if the patient is intolerant of CPAP but remains hypoxic. Start at total flow of 400L/min, 60% Oxygen.
5. If unable to achieve sufficient oxygenation on machine CPAP or high flow nasal oxygen refer urgently to ICU if appropriate.