



Specialty guides for patient management during the coronavirus (COVID-19) pandemic

## Clinical guide for the optimal use of Oxygen therapy during the coronavirus pandemic

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As the number of patients with coronavirus (COVID-19) infection requiring hospital care increases, there will be increases in the use of advanced respiratory support, such as assisted ventilation. Assisted ventilation places demand on the flow of oxygen delivery within hospitals.

To support prioritisation of oxygen flow for the most severely ill patients in hospital:

- **Oxygen prescribing targets** for all adults treated in NHS hospitals should be adjusted from the current range (of oxygen saturation 94% - 98%) to oxygen saturation 92% - 96% in the first instance.
- **COVID-19 infection and non-COVID-19 conditions** (e.g. stroke, myocardial infarction, trauma) in adults should use this SaO<sub>2</sub> target.
- **Evidence from clinical trials** suggests that hyperoxia may be harmful and lower oxygen target ranges are safe.
- **A target range of 90% - 94%** may be considered if clinically appropriate by hospitals according to prevailing oxygen flow demands.

### References:

Chu et al. Mortality and morbidity in acutely ill adults treated with liberal versus conservative oxygen therapy (IOTA): a systematic review and meta-analysis. *Lancet* 2018;391:1693 – 705

Siemieniuk et al. Oxygen therapy for acutely ill medical patients: a clinical practice guideline. *BMJ* 2018;363:k4169

