

# ARDS Protocol for Intubated COVID-19 Patients

## Goals:

1. Plateau Pressures <30
2. Peak Pressures <40
3. pH 7.2 - 7.45

## PAIN CONTROL & SEDATION

RASS Goal: -4 to -5

<u>Fentanyl PCA</u>	-OR-	<u>Hydromorphone PCA</u>
Bolus: 50 mcg		Bolus: 2 mg
Continuous Infusion: 100 mcg/hr (Max Dose: 500 mcg/hr)		Continuous Infusion: 2 mg/hr (Max Dose: 5 mg/hr)

-AND-

<u>Midazolam</u>	-OR-	<u>Lorazepam</u>
Bolus: 1 mg		Bolus: 2 mg
Continuous Infusion: 5 mg/hr (Max Dose: 15 mg/hr)		Continuous Infusion: 2 mg/hr (Max Dose: 10 mg/hr)

## PARALYTIC (48 hours)

*Please refer to HCGH policy ICU014*

Titrate to maintain vent synchrony (not to Train-of-Four)

Cisatracurium (Nimbex)  
0.1 mg/kg/dose bolus from bag\*  
Continuous Infusion:  
625 mcg/min converted to  
mcg/kg/min (divide 625 by kg)

-OR-

Vecuronium  
0.1 mg/kg/dose bolus from bag\*  
Continuous Infusion:  
1 mcg/kg/min

\*program infusion in Alaris pump first, then select bolus from bag

## PRONING

*Please refer to HCGH policy ICU015*

16 Hours Prone

ABGs:

- 1 hour post proning
- Prior to supine
- 4 hours after supine

Tips:

- ECG patches to back and all lines/ETT to one side
- Stabilize cervical spine
- Be mindful of eyes (cornea), bony prominences/pressure points
- Return patient to supine position prior to CPR