Guidance on Escalation of Respiratory Support in Patients with COVID-19

NHS The Leeds Teaching Hospitals NHS Trust

Patient choice is always paramount in the decision making process but please note that patients may be making their choice based on inaccurate and/or unrealistic information. In this situation a clinician experienced in this field should be involved in the decision making process. Please note, this guidance might change with further experience of who does and who does not benefit from CPAP/Non-Invasive Ventilation.

Assessment for escalation of Respiratory Support

Age ≤65 years

Assess based on frailty and comorbidities. Discuss with Intensive Care unless clear reason against escalation*

Age >65 years – Assess against Clinical Frailty Scale (CFS)

This requires a detailed history from the patient or someone who knows the patient well, based upon their usual level of function in the recent past ignoring any temporary, reversible restrictions . CFS not valid in patients with stable longstanding disability e.g. learning difficulties, cerebral palsy.

CFS ≤4

Discuss with Intensive Care unless clear reason against escalation*

CFS 5-6

Discuss with Respiratory Team[$] regarding CPAP unless clear reason against escalation*

CFS ≥7

Oxygen is usually the ceiling of care.

* Reasons against escalation might include disseminated malignancy, any condition with likely life expectancy < 6 months, or patient choice. If you feel the patient is choosing against escalation inappropriately, discuss with Intensive Care or Respiratory Team ([$] Respiratory SpR at SJUH - bleep 6775 or Cardiology SpR at LGI - phone 07795 477736).

Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months,** who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Leeds Centre for Respiratory Medicine

Leeds Centre for Older People's Medicine

Adult Critical Care