SUMMARY AARC Guidance Document SARS CoV-2 (COVID-19)

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Below are selected references from the Guidance Document regarding high flow (HFNC) and please refer to the full document for detailed rationale or reference to the source as required (https://www.aarc.org/wp-content/uploads/2020/03/guidance-document-SARS-COVID19.pdf)

Recommendations from the SCCM task force:	**Strength**
In adults with COVID-19, we **suggest** starting supplemental oxygen if the peripheral oxygen saturation (SPO_2) is < 92%, and **recommend** starting supplemental oxygen if SPO_2 is < 90%	Weak / Strong
In adults with COVID-19 and **acute hypoxemic respiratory failure on oxygen**, we **recommend** that SPO_2 be maintained no higher than 96%.	Strong
For adults with COVID-19 and **acute hypoxemic respiratory failure** despite conventional oxygen therapy, we **suggest using** HFNC over conventional oxygen therapy.	Weak
In adults with COVID-19 and **acute hypoxemic respiratory failure**, we **suggest** using HFNC over NIPPV.	Weak
In adults with COVID-19 and **acute hypoxemic respiratory failure**, if HFNC is not available and there is no urgent indication for endotracheal intubation, we **suggest** a trial of NIPPV with close monitoring and short-interval assessment for worsening of respiratory failure.	Weak
We were not able to make a recommendation regarding the use of helmet NIPPV compared with mask NIPPV. It is an option, but we are not certain about its safety or efficacy in COVID-19.	No Recommendation
In adults with COVID-19 receiving NIPPV or HFNC, we **recommend** close monitoring for worsening of respiratory status, and early intubation in a controlled setting if worsening occurs.	Best practice statement