

CRITERIA FOR RESPIRATORY PHYSIOTHERAPY DURING COVID PANDEMIC

Many patients presenting with COVID 19 will have no specific airway clearance needs as secretion load will often be minimal.
 These patients often do not require physiotherapy and airway clearance.

MOBILISING patients who are well enough is the most natural way of encouraging optimal respiratory function, therefore, most mobile patients are unlikely to require respiratory physiotherapy.

Referrals should be considered for patients presenting with one or more of the following:

- Retention of and inability to clear secretions
- Increased work of breathing
- Reduced SpO2/deteriorating ABGs
- Reduced lung volume



Optimise medical management prior to physiotherapy eg.
 Adequate analgesia, O2, humidification, systemic hydration,
 Positioning, antibiotics and nebulisers



Use exclusion/inclusion criteria to determine if respiratory physiotherapy referral is still deemed to be **essential**

0830-1630 contact Physio via

QEUH page 17497

GRI page 13238

INS page 17089

IRH page 51132

RAH page 56347 or 56350

Any patient whose respiratory status would deteriorate without physiotherapy intervention before the start of the next working day (8.30am)

INCLUSION CRITERIA: patient likely to benefit from respiratory physiotherapy

- Infective exacerbation of COPD with acute deterioration
- Infective exacerbation of bronchiectasis/CF with difficulty managing secretions
- Atelectasis causing respiratory insufficiency
- Resolving and productive pneumonia with ineffective cough
- Recent extubation with associated retention of sputum and deteriorating ABGs/SaO2 or significant risk of deterioration of respiratory status

EXCLUSION CRITERIA: patient unlikely to benefit from respiratory physiotherapy (**unless pre-existing infection**)

- Dry unproductive cough
- Patients with COVID19 with a severe hypoxemia requiring intubation
- Patients who require suction only
- Viral Pneumonia
- ARDS
- Cardiovascular instability
- Non-compliant patient
- Uncontrolled bronchospasm
- Pulmonary Embolism
- Non-acute COPD
- Pleural Effusion
- Pulmonary Oedema
- Pneumothorax
- Empyema
- Pulmonary Fibrosis
- Patients on APRV as physiotherapy is ineffective with this ventilation mode

NB The above criteria are not prescriptive but to guide the referring clinician.
 During periods of unprecedented demand we will prioritise patients that we are likely to have the greatest impact with.

COVID-19 CLINICAL GUIDELINE

Note: This guideline has been fast-tracked for approval for use within NHSGGC

Covid-19 Criteria for Respiratory Physiotherapy during Covid Pandemic

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

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