

Home -Oxygen weaning guidelines for COVID-19 patients

These guidelines are just to give you direction on the weaning process. The most important part in the weaning process is your clinical judgment.

- 1) Patients should not try to make their SpO₂ >96% with supplemental Oxygen. Hyperoxia can be harmful, even if the patient does not have an underlying hypercapnic disease.
 - 2) Decrease flow rate by max 1l/min at a time
 - 3) Start with weaning O₂ off at rest. O₂ Sat at rest should be above 92% most of the time. Patient should go by symptoms and initially measure their O₂ Sat every 30-60min. (Go down by 1/min until patient can be without supplemental Oxygen at rest.
 - 4) Once patient is able to be without supplemental O₂ for >2hour while maintaining an O₂ Sat >92%, proceed to wean off O₂ during short walks (e.g. bathroom). Ok for O₂ Sat to dip to 90 if it comes up >92% within one minute
 - 5) The distinction between exertion levels is important. If the patient has stairs in their home or near their home, a practical, reproducible threshold is 1 flight of stairs for "mild exercise". (Official guidelines for obstructive disease also use this metric.) This is more useful for longitudinal trending than asking patients to distinguish between short and long walks and more practical than the 6 minute walk distance of 30 meters/100 feet.
 - 6) Proceed to longer walks (or more than 2 flights of stairs) and keep O₂ Sat above 90% while exercising
 - 7) Once patient is able to walk for 30min without supplemental Oxygen with an O₂ Sat above 90%, patient can wean off Oxygen at night.
 - 8) Weaning off at night is last. Only wean at night if O₂ Sat is stable above 92% during the day at rest.
 - 9) Nighttime SpO₂ can be assessed by the patient when they first awake. SpO₂ 90% or greater is reasonable, if subsequent waking SpO₂ is \geq 92%
- Everyone is weaning off O₂ at a different rate. Expect patient to be on supplemental Oxygen for a couple of weeks. Patients who are older than 75 years and/or had a worse respiratory status during their COVID-19 disease will be on home oxygen for longer.
 - Referral to pulmonary clinic: if you need help with weaning, if worsening O₂ or FiO₂ need (of course exclude those who should be directed to ER- acute drop of O₂ and or work of breathing)- or if persistent O₂ need is 3L/min or more after 2 weeks .

Recommended frequency for follow up
1st week post hospitalization every 2-3 days in clinic
After the first week: weekly follow up in clinic

