



Dräger Webinar:

How to set ventilator and wean Covid-19 patients

Open questions from Webinar (Wednesday 24th June, 2020):

- Q. **What is the reason of inconsistency in reactions of COVID19 to coagulation of blood in vessels of patients only in Atlanta (USA) and Italy- the two places that I heard of, and these symptoms did not appear in India.**
- A. To my knowledge hypercoagulability has been repeatedly demonstrated in COVID-19 patients. I have no clue about data from India. I wonder whether some inconsistency might depend on the instrumentation used.
- Q. **Any experience or comment on ICU duration of stay with the use of dexamethasone in intubated patients?**
- A. Frankly speaking, not. We were concerned about increased risk of infections. I read the note from the University of Oxford and look forward reading the full study. Indeed, this would be of great importance for potential future patients
- Q. **Another question about recruit maneuvers, who do you do it? and when? We use them routinely but only after intubation the patient after only if there was a decrease in the Cdyn, what do you think? wait until the patients in ARDS is may too late? We recommend to open the lung from the very first moment not wait until evolution to phenotype H Thank you**
- A. In my experience lung compliance is quite high soon after intubation and we did not use by default recruitment manoeuvres. In patients who worsened lung mechanics and required higher PEEP, we performed RM.
- Q. **Now with the recommendation of use of dexamethasone in patients on oxygen/ventilator support ,what is your take on the same on choice of dexa Vs methylprednisolone??**
- A. I read the note from the University of Oxford and look forward reading the full study. Indeed, this would be of great importance for potential future patients



- Q. **If need reintubation then you suggest Pre oxygenation or not ? What your opinion regarding suction of ventilated patient of Covid-19.**
- A. Yes, we do pre-oxygenation as in any other patients. We use closed circuit suctioning.
- Q. **Have you any suggestions about the size of Endotrachial tube ? (preventing / avoiding larynxial odema)**
- A. No particular suggestion. The size of the tube is selected based on patient's size
- Q. **Sir, is there any calculation to fix the flow for high flow nasal cannula?**
- A. We start from 50-60 L/min and adapt the flow rate based on patient tolerance (the higher the better). FiO2 is regulated on SpO2
- Q. **Sir is there any specific protocol for NIV for covid 19 patients?**
- A. No real difference compared to "standard" patients