Penn Medicine COVID-19 Clinical Guide: Helmet CPAP

Updated 5/8/20 - Recommendations may evolve rapidly - See latest version at Penn COVID-19 Learning Homepage



50% FiO2

Venturi -

60% FiO2

Oxygen

Blender

Indications

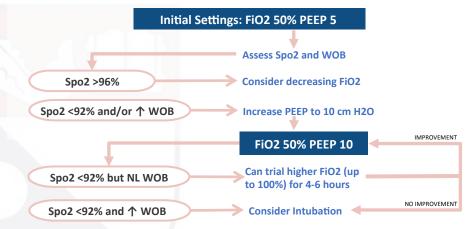
- SpO2 < 92% or increased work of breathing despite 6LPM Nasal Cannula
- Rescue for patients treated initially with HFNC or NRB, who have an SpO2 <
 92% or increased work of breathing

Oxygen Delivery Configurations



Use & Titration

- Duration determined by patient comfort typically 4-6 hour sessions with breaks for PO meds and meals. Sleeping in semi-recumbent position with helmet is safe.
- During breaks, transition to HFNC or alternate oxygen device



*Consider weaning off helmet (to HFNC or NC) once stable on FiO2 40-50% and PEEP 5



setup (only two FiO2

options - 50% or 60%)

provide patient with ear

No natural humidification;

monitor for discomfort

with longer use

plugs

Louder due to high wall O2;

Safety



Tips

- Helmet currently recommended for use only in ICU or during transport to ICU
- ♦ Always maintain total gas flow above 50 LPM to avoid CO2 rebreathing
- Monitor for mental status changes; avoid use in patients with AMS or agitation
- → If helmet deflates, check oxygen device and tubing connections for leak
- Self-proning has not been tested for safety with helmet

- A rolled-up hand towel may be placed inside helmet to provide neck support
- Monitor for skin breakdown at neck. Can use mepilex for skin protection
- ♦ Feeding tubes and IJ central lines can be threaded under rubber collar
- Straw can be fed through port at base of helmet for short periods of drinking
- ♦ Do not dispose after use; helmet can be sterilized and re-used



flow)

30 LPM Wall O2

+ 20 LPM Wall

O2 to side port

(100 LPM total

flow)

50-60 LPM