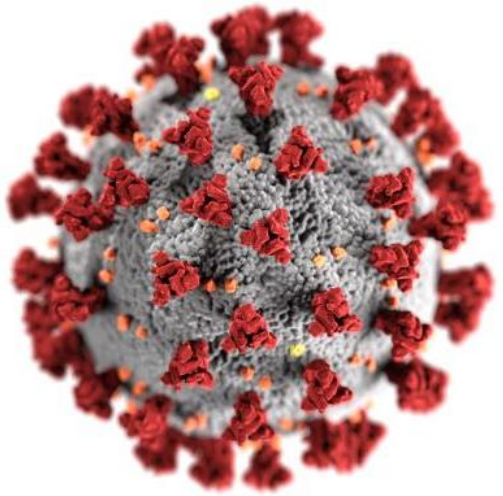
Should we trach COVID patients?

Yup.



Robert L. Owens, MD

Pulmonary, Critical Care and Sleep Medicine

University of California San Diego

Who not to trach?

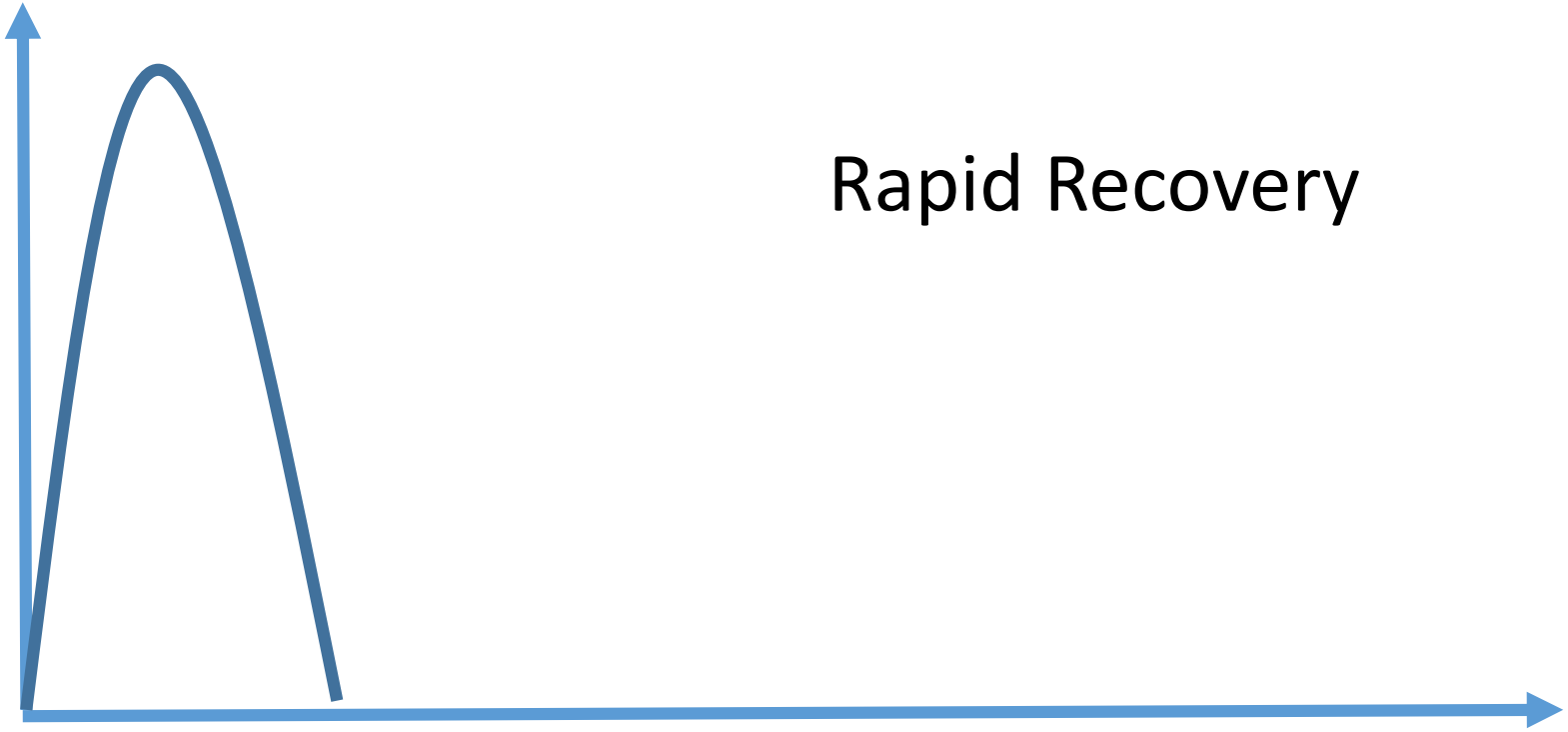
Acuity of illness

Or

Likelihood of survival

Or

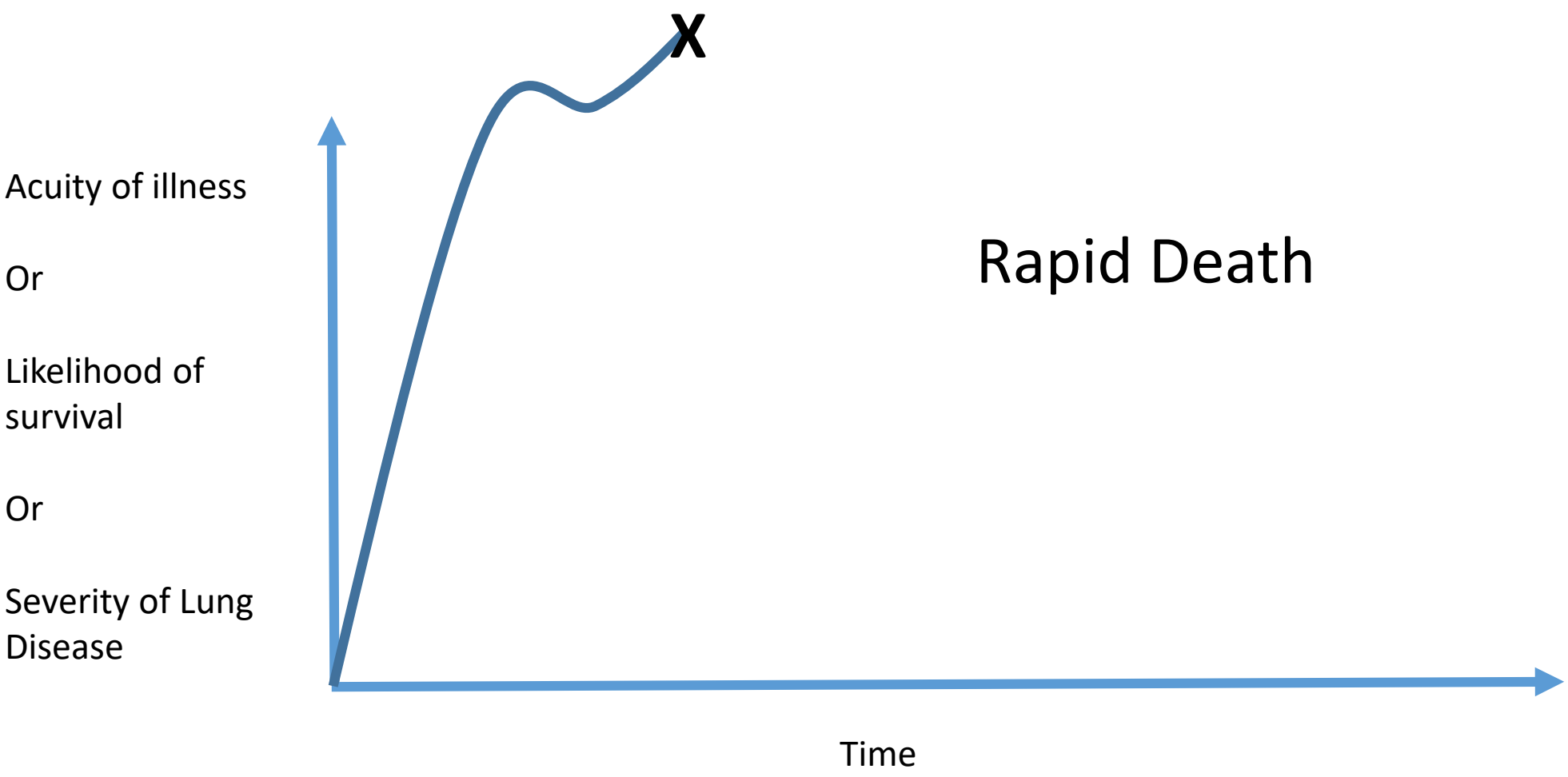
Severity of Lung Disease



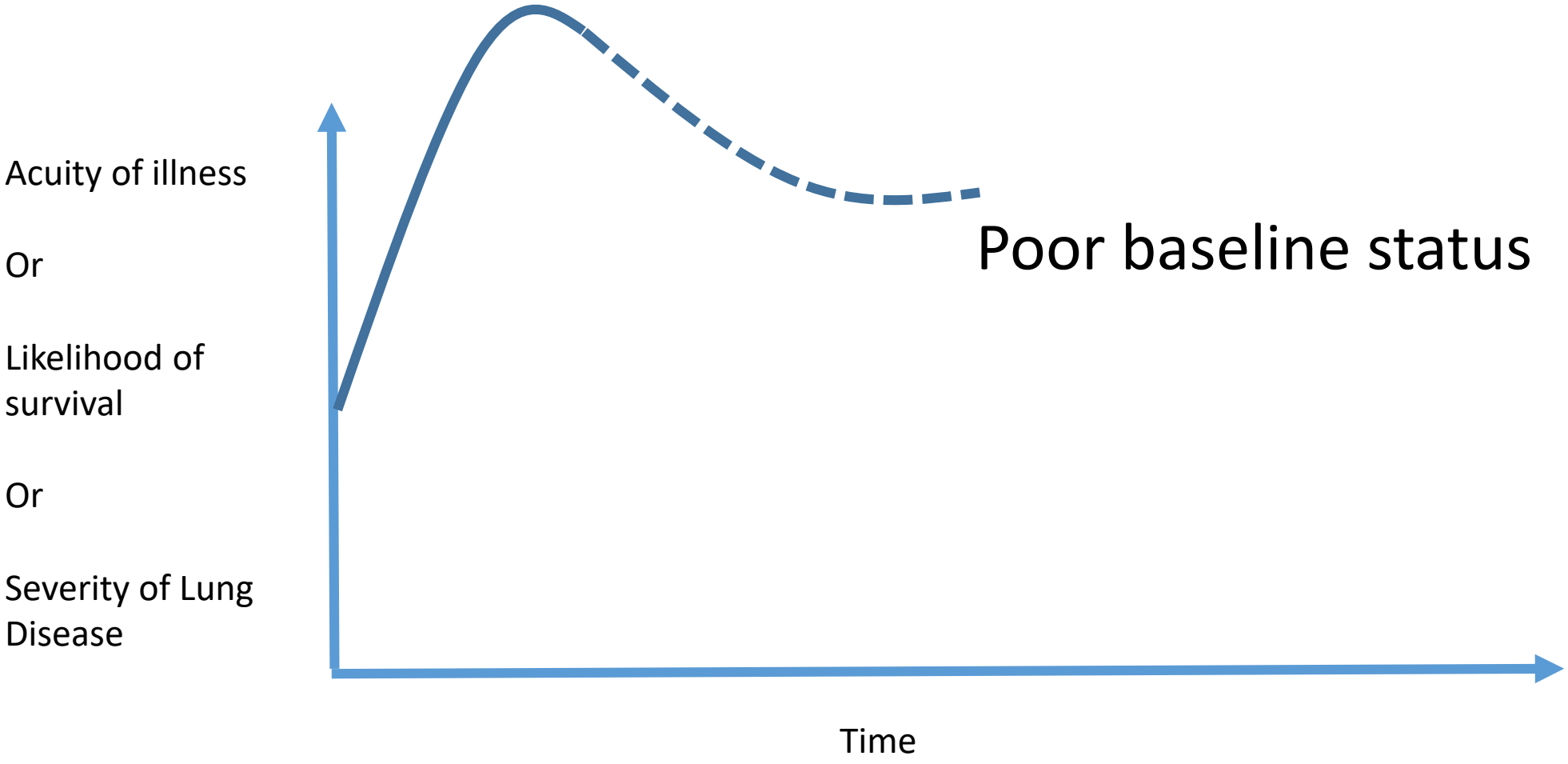
Rapid Recovery

Time

Who not to trach?

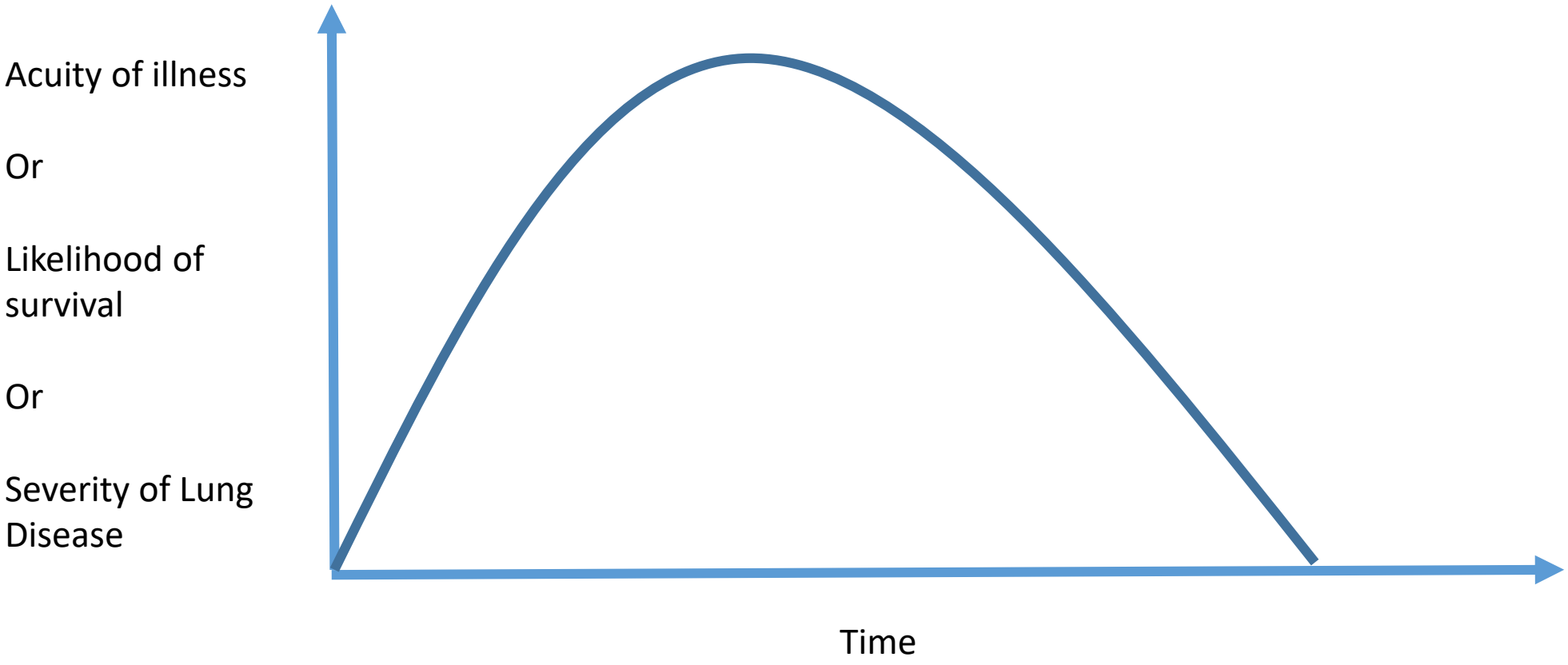


Who not to trach?



So who to trach?

Long Recovery



So who to trach?

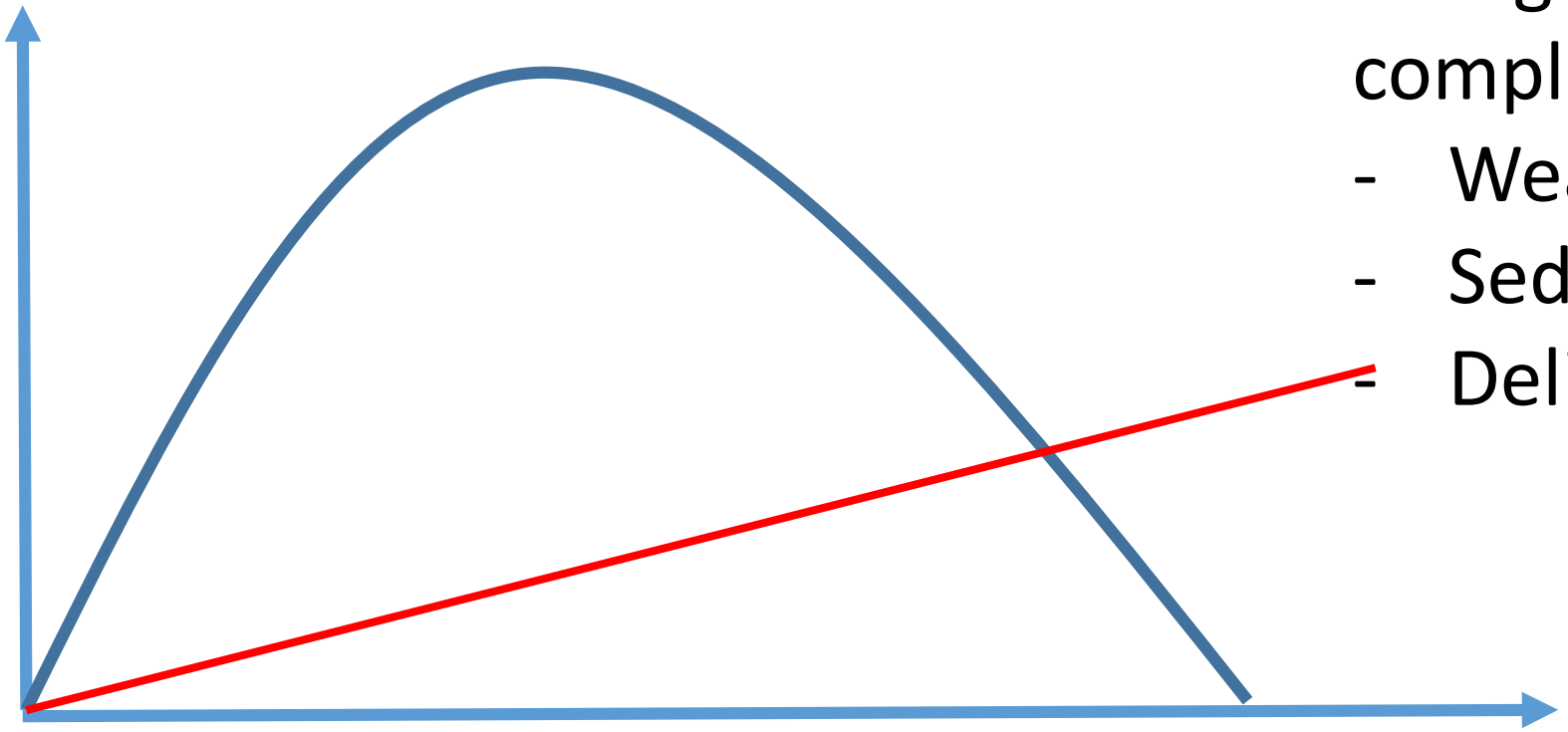
Acuity of illness

Or

Likelihood of survival

Or

Severity of Lung Disease

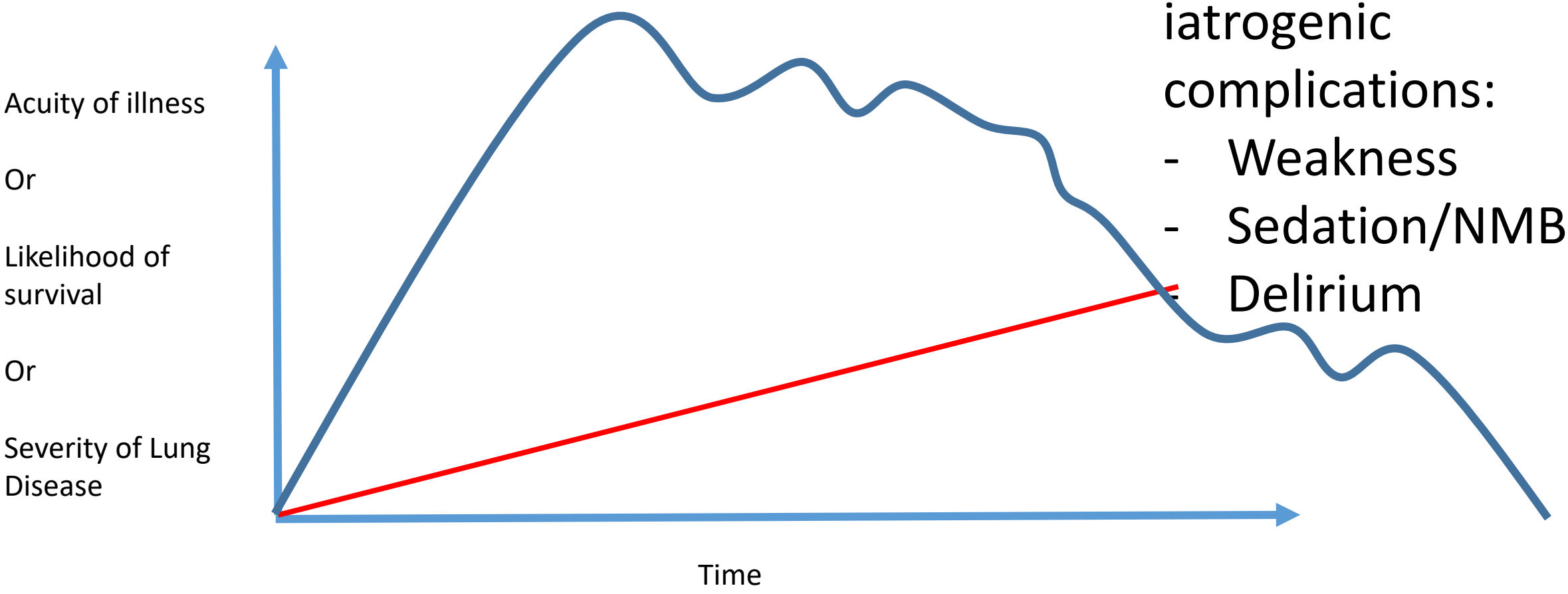


Time

Long Recovery also exposed to iatrogenic complications:

- Weakness
- Sedation/NMB
- Delirium

So who to trach?



Long Recovery also exposed to iatrogenic complications:

- Weakness
- Sedation/NMB
- Delirium

Neuropsychological Sequelae and Impaired Health Status in Survivors of Severe Acute Respiratory Distress Syndrome

RAMONA O. HOPKINS, LINDELL K. WEAVER, DONNA POPE, JAMES F. ORME, Jr., ERIN D. BIGLER, and VALERIE LARSON-LOHR

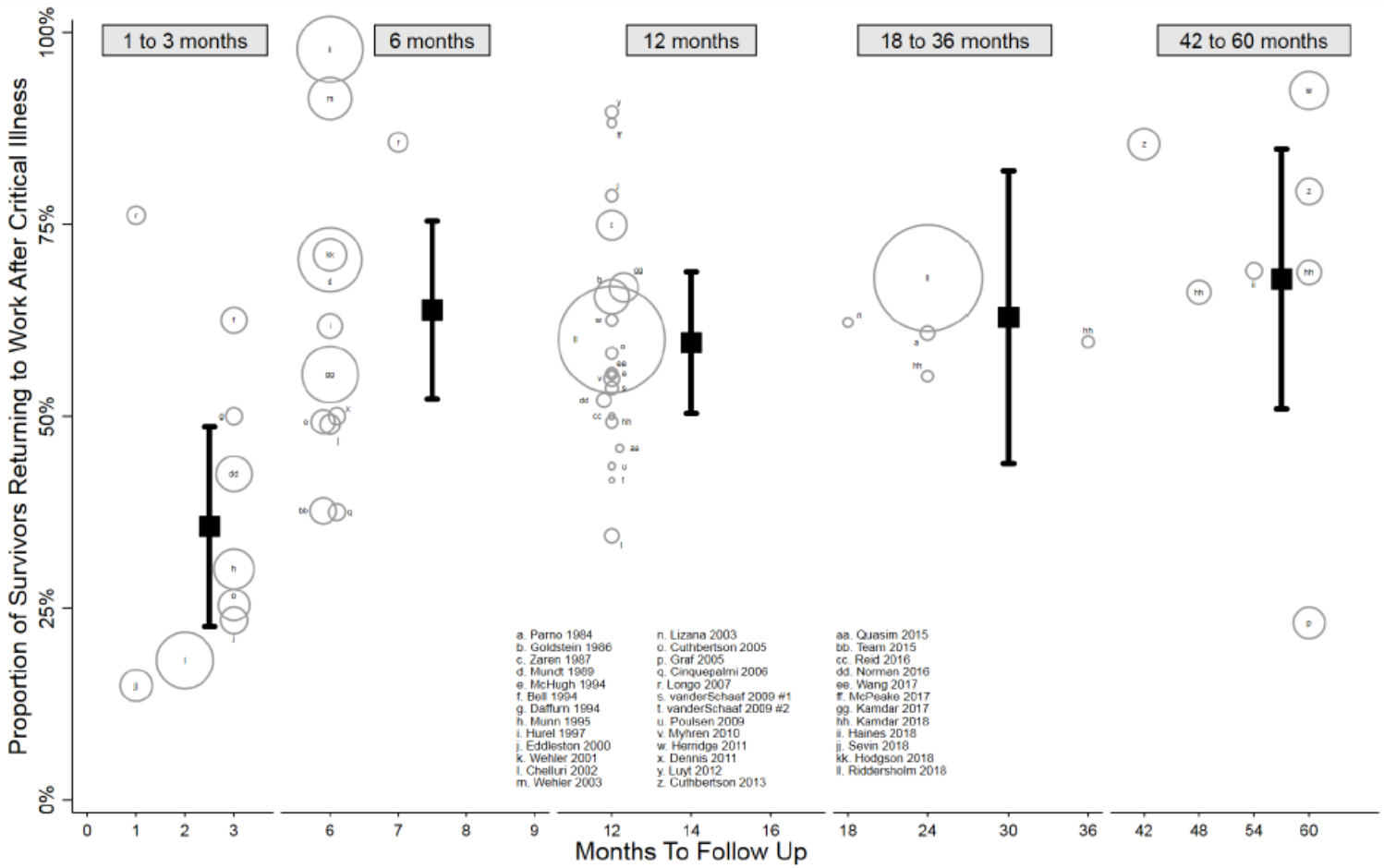
- Emphasized that lung function could return to near normal
- Survivors instead limited by weakness, and cognitive dysfunction
- Alive **≠ alive and well**

AJRCCM 1999

ORIGINAL RESEARCH

Return to work after critical illness: a systematic review and meta-analysis

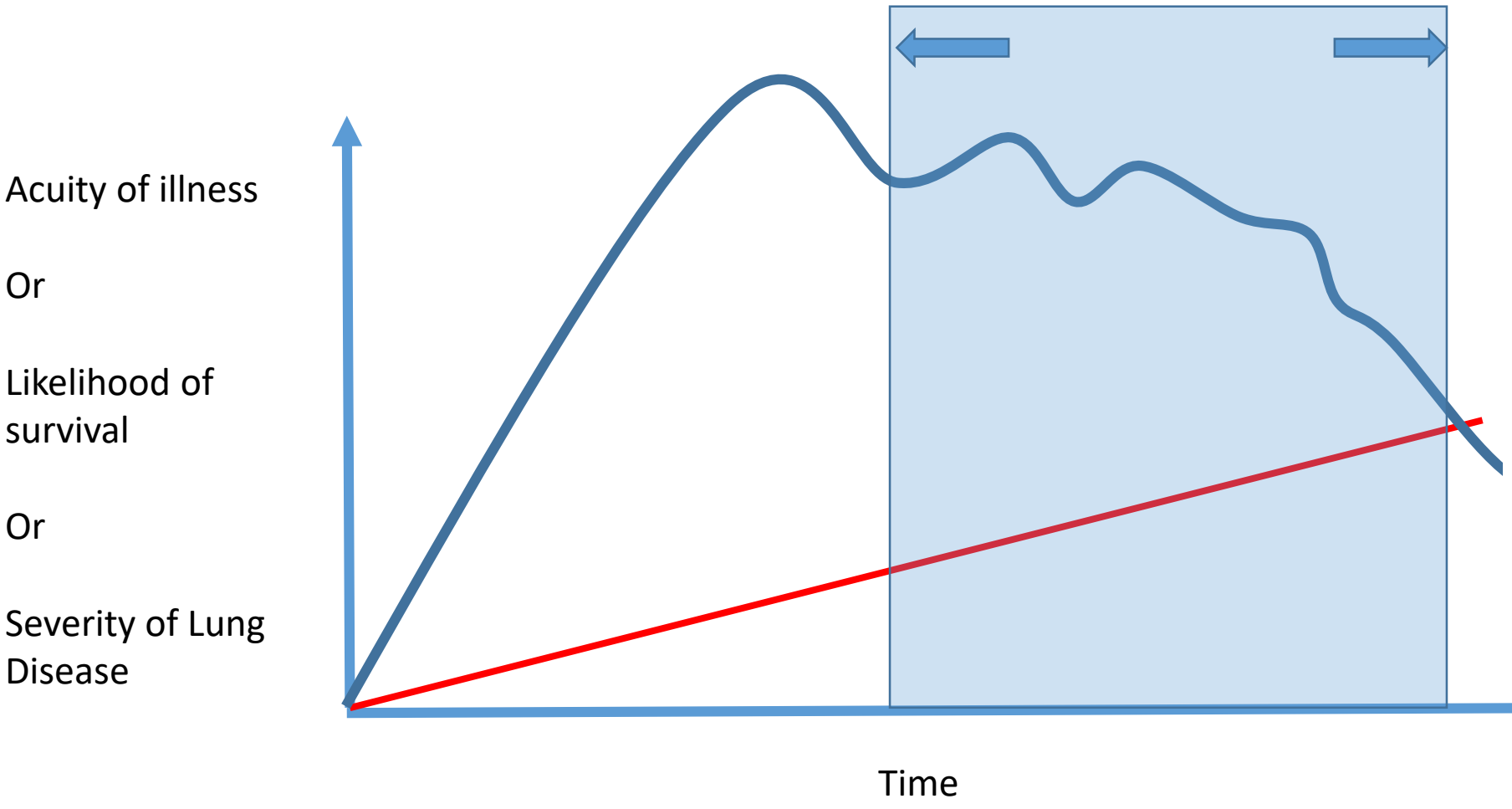
Biren B Kamdar,[1] Rajat Suri,[2] Mary R Suchyta,[3] Kyle F Digrande,[4] Kyla D Sherwood,[5] Elizabeth Colantuoni,[6,7] Victor D Dinglas,[8] Dale M Needham,[6,8] Ramona O Hopkins[9,10]



No strong data that early vs. late trach really matters.

Is COVID different?

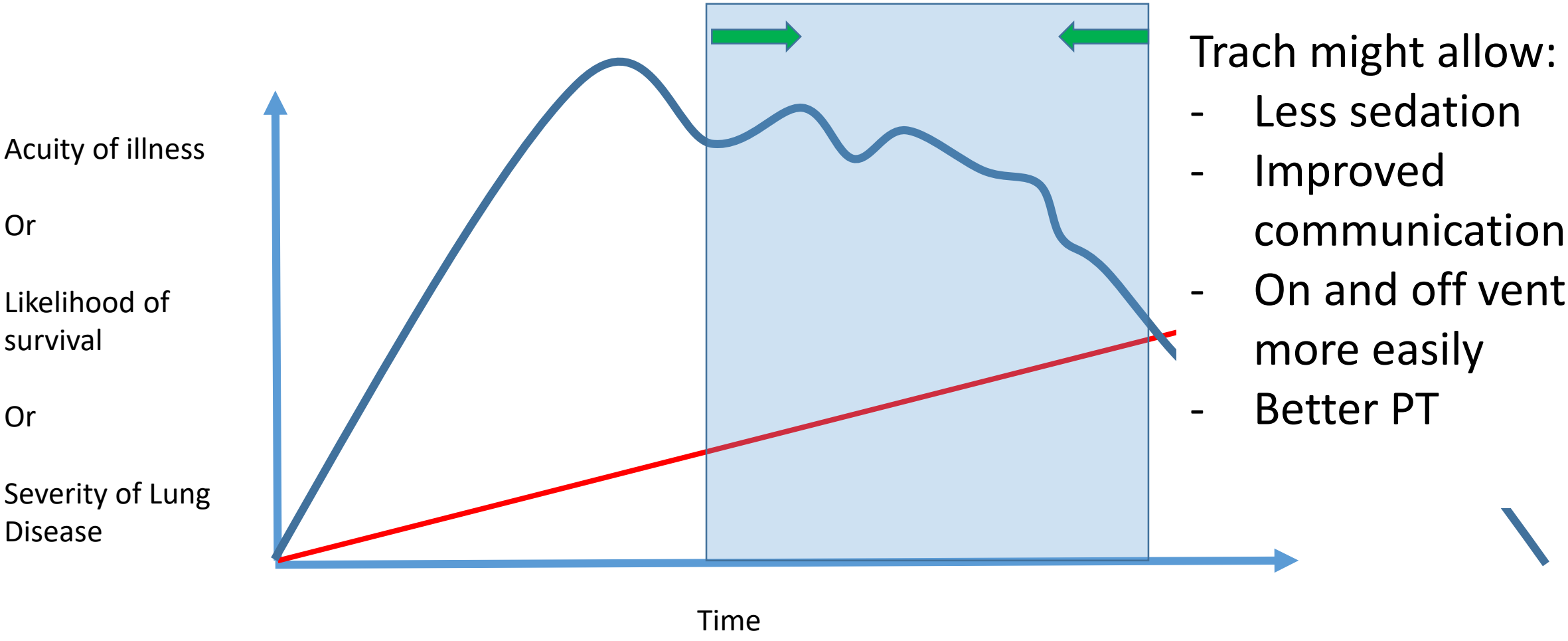
Does COVID extend the curve?



COVID is a marathon

- long duration of MV
- proning, paralysis need deep sedation
- No family/visitors
- Not using NIV
- Higher rates **re-intubation**?

Would a trach knock the curve down?



Trach might allow:

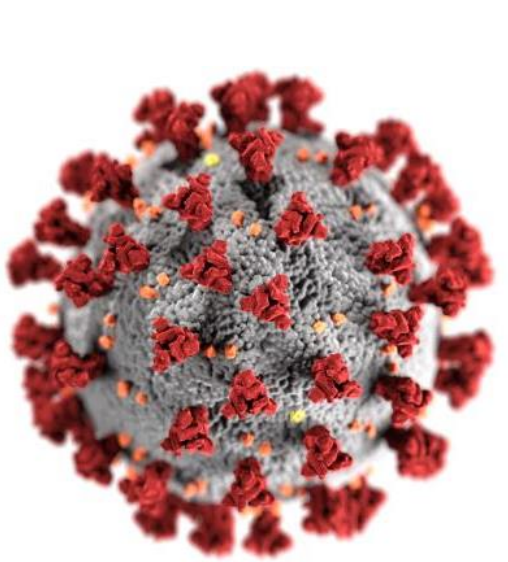
- Less sedation
- Improved communication
- On and off vent more easily
- Better PT

It’s hard to smile with an ETT!

Should we trach COVID patients?

Yup.

(or at least I wouldn't automatically say no)



rowens@health.ucsd.edu