

The Royal College of Emergency Medicine

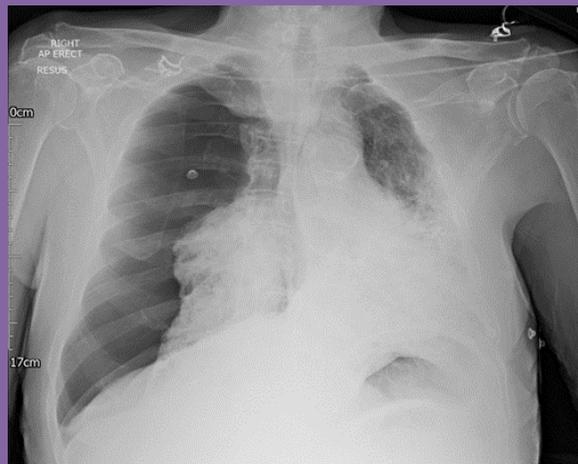
Safety Flash

May 2020

COVID-19

All that glitters...

Things to remember during the COVID pandemic



Case 1: A patient was pre-alerted as a sudden deterioration and hypoxia in a likely COVID patient, and greeted by ITU team in Respiratory ED. Following initial assessment and management, the patient had a CXR revealing an unsuspected tension pneumothorax... COVID swabs were negative.

This is an example of a failed heuristic ('Cognitive Disposition to response, or CDR' ⁽¹⁾), specifically 'Sutton's slip'- going for the obvious and not failure to make additional diagnoses. Protective strategies against CDR bias include metacognition, and forced consideration of alternatives ⁽²⁾.

Do not forget alternative diagnoses during COVID, consider and investigate alternative diagnoses

Case 2: A patient was pre-alerted as a sudden deterioration and hypoxia in a likely COVID patient, and greeted by ED team in Respiratory ED. Following initial assessment and management, it became clear that the patient had delirium and meningism, and antibiotics given. CTPA performed as part of COVID pathway workup revealed an aortitis (as an delayed addendum and incidental finding), and bacterial chest infection. Pneumococcus was identified. COVID swabs were positive.

Patients may have multiple diagnoses, sometimes including COVID

Case 3: An older patient was brought to the ED with severe abdominal pain. They had fallen a few days previously, were self-treating with NSAIDs for back pain, and had decreased mobility. The patient had been reluctant to attend hospital due to concerns about COVID risk. The patient had an abdominal CT with contrast which revealed: perforated duodenal ulcer, a fractured neck of femur, and multiple PEs.

There is increasing evidence that patients are delaying (and avoiding) attendance to ED, including cardiac disease ⁽⁴⁾, stroke ⁽⁵⁾ as well as traumatic conditions.

Patients may present late in the clinical course of disease, affecting clinical signs and care needs

1: Croskerry P. Achieving Quality in Clinical Decision Making: Cognitive strategies and Detection of Bias. Acad Emerg Med 2002; 9(11): 1184-1198

2: Croskerry P, Nimmo GR. Better clinical decision making and reducing diagnostic error. J R Coll Physicians Edinb 2011; 41: 155-62

3: Borden N, Linklater D. Hickam's Dictum. Available at: <https://westjem.com/articles/hickams-dictum.html>

4: Garcia S, Albaghdadi MS, Meraj PM, et al. Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States during COVID-19 Pandemic. J Am Coll Cardiol. 2020 Apr

5. Published DOI:10.1016/j.jacc.2020.04.011

6: European Stroke Organisation Statement. Available at: <https://eso-stroke.org/eso/likely-increase-in-the-risk-of-death-or-disability-from-stroke-during-the-covid-19-pandemic/>

For Safety Alerts and RCEM issued Safety Flashes see:

www.rcem.ac.uk/SafetyAlerts