ED MANAGEMENT OF SUSPECTED COVID-19 PATIENT

Definition: fever, cough, shortness of breath, headache, sore throat

IF PATIENT IS IMMUNOSUPRESSED OR ON CHEMOTHERAPY TREAT FOR NEUTROPAENIC SEPSIS AS WELL

Sats <90%
RR >30 or severe resp distress
NEWS >7
GCS <15

Yes → Transfer to AMBER RESUS

Request:
ED orderset COVID -19
Blood cultures if temp>37.5
BHCG in women <50
CXR

Keep examination to a minimum.

Examine chest once if required and clean stethoscope after with cholorox wipe

Maintain oxygen sats >94% (unless COPD)

If RR>30 with FiO_2 0.6 Call ITU and consider need for intubation (see intubation protocol)

Consider initiating proning if possible

Minimise crystalloid infusion to maintain systolic >100mmHg

Consider antibiotic therapy (see antibiotic protocol)

Steroid therapy only if required for acute asthma/ COPD

In event of cardiac arrest refer to cardiac arrest protocol

Escalate to clinical prioritisation group if complex end of life decision

No → CXR

CXR not suggestive of COVID -19 → COVID -19 still suspected → No → Manage as needed

COVID -19 still suspected → **Patient feels unwell**
Abnormal observations:
Pulse >100
Temp >37.8
RR > 20
Desaturates on 40 step desaturation test

Yes → **Request:**
- ED orderset COVID -19
- Blood cultures if temp>37.5
- BHCG in women <50

No → Discharge home with advice leaflet

CXR Suggestive of COVID-19 infection → **Consider admission if any of:**
- Sats <94% or O_2 requirement
- severe dyspnoea
- >10% pulmonary infiltrates on CXR
- RR >20
- CRP >30
- Temp >37.8
- Neutrophilia
- Troponin or CK elevated
- Day 7 or later of illness
- Representation with same illness
- If DDimer >5000 or clinical suspicion of PE consider CTPA
- Significant comorbitidy

No → If not requiring admission discharge home with sats probe, to return if sats <95%

Follow up call at 24 hours via ambulatory pathway

Significant comorbidity includes chronic lung disease, heart disease, hypertension, diabetes