

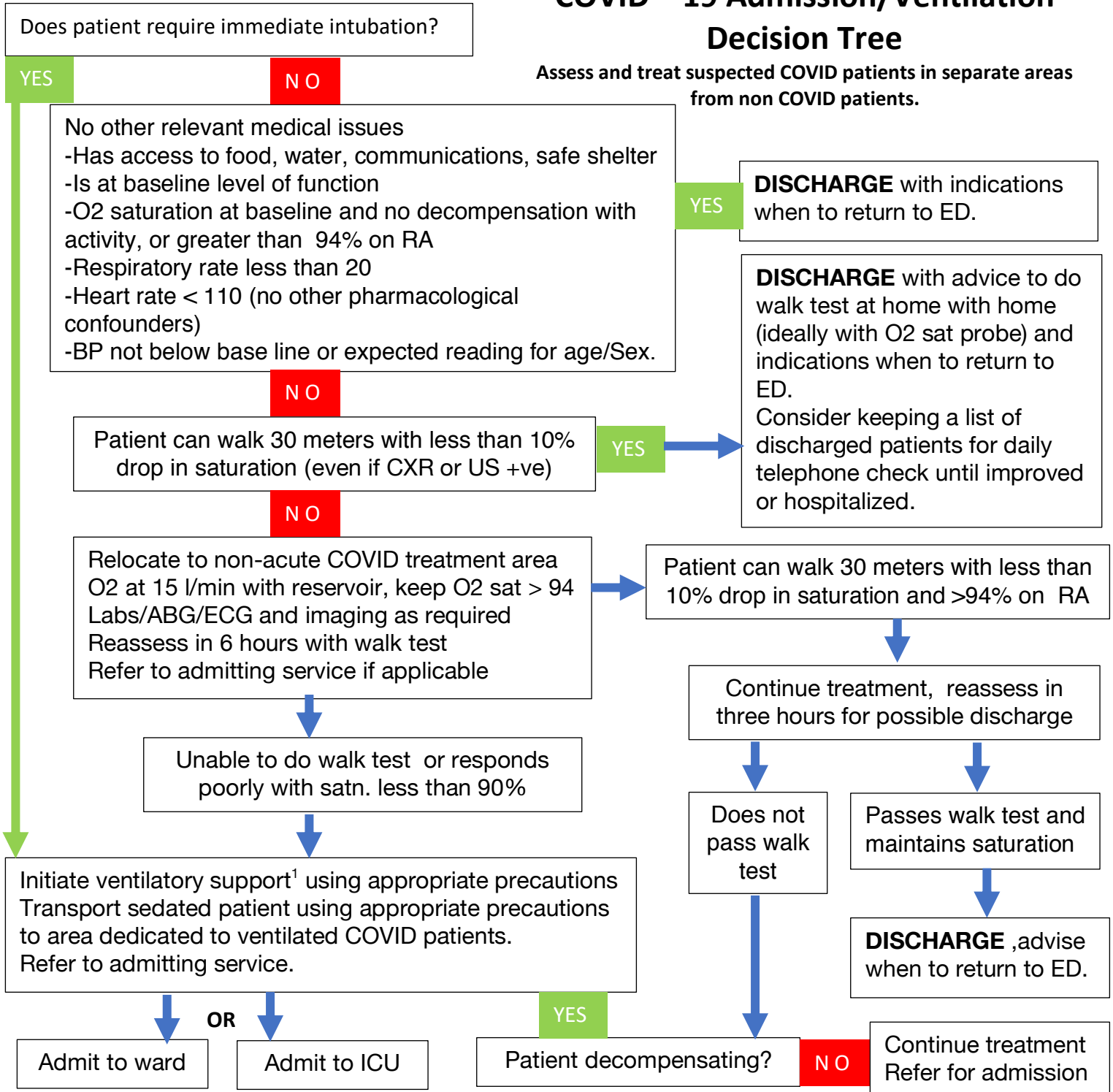
This document provides a decision tree, assessment sheet and order sheet to assist facilities receiving potential COVID-19 patients.

It should be clear that this document is based on current knowledge and supported by Level 3 (low quality evidence, expert opinion and consensus) evidence.

Every facility is different and the evidence is changing. Use your professional experience and judgement when considering this document's applicability to your environment. For that purpose the document is editable and can be changed to match your needs.

COVID – 19 Admission/Ventilation Decision Tree

Assess and treat suspected COVID patients in separate areas from non COVID patients.



(1) Ventilatory support should ideally be via ETT and initiated using protected intubation technique.
 -Consider ventilator settings with increased, FIO₂, increased PEEP (15 cm H₂O) and decreased Tidal Volume (4- 8ml/kg).
 -The shift to prone positioning, if indicated, should occur in the definitive treatment area, not the ED.
 -If a ventilator is unavailable consider CPAP at 10cm H₂O PEEP and FiO₂ 50%-60% using aerosol precautions in dedicated isolated area and with dedicated staff in appropriate PPE.

This chart is to assist with decisions on discharge, admission & ventilatory support in suspected COVID patients. Other aspects of care and , possibly confounding, medical conditions should always be considered & treated.

COVID-19 Nonacute – Assessment Form

Modified with thanks from a document by the Nova Scotia Health Authority

Date of symptom onset: _____
 Date of COVID test: _____ N/A

Allergies: _____

PUBLIC HEALTH CONTRAINDICATION(S) TO DISCHARGE:

- Homeless, or no access to food, water, safe shelter or communications
- Lives with a high-risk individual without ability to self-isolate in home

COVID SYMPTOMS

HPI:

- Cough/Sore throat _____
- Shortness of breath _____
- Fever _____
- Chest pain _____
- Diarrhea _____
- Nausea/vomiting _____
- Anosmia/ Dysgeusia _____
- Rhinorrhea _____

RISK FACTORS

PMH:

- Age 65+ years _____
- Chronic Pulmonary Disease _____
- Smoking history (current) _____
- Immunosuppression _____
- Diabetes mellitus _____
- Chronic Heart Disease _____
- Neurodegenerative Disorder _____
- Pregnancy _____
- Significant medical comorbidity _____

PHYSICAL EXAM: Time _____

BP _____ HR _____ RR _____ Temp _____
 SpO₂ _____% (R/A or _____ L O₂)
 SpO₂ post walk test _____% Cannot walk (new)
 appearance: _____

RED FLAGS

- HR>110 RR>30
- SBP<95 SpO₂ <92% on R/A General
- pain New confusion
- Decline in function (new)
- Dizziness/presyncope (new)
- GCS< 14

INVESTIGATIONS:

REASSESSMENT: Time _____

BP _____ HR _____ RR _____ Temp _____ SpO₂ _____% (R/A or _____ L O₂)
 SpO₂ post walk test _____% Cannot walk (new since arrival)

DISPOSITION/PLAN:

- Discharge home Discharge home with follow-up: _____
- Transfer to admitting service. Accepting Physician _____
- Alternative disposition based on public health contraindications to discharge _____

Physician Signature: _____ Date (yyyy/mm/dd): _____ Time: _____
 Physician Name: _____ Reg. No.: _____

COVID-19 Nonacute - Orders

Allergies: _____

Orders marked with a • should be initiated by RN's without awaiting MD

GENERAL MEASURES:

- Apply Droplet and Contact Precautions
- Avoid aerosol generating medical procedures – if necessary, add Airborne Precautions
- Obtain vital signs (HR, BP, RR, SpO2, Temp) and document on assessment form
- Place a large bore peripheral IV cannula (#16 or #18 gauge)
- Nasal cannula 1-5L/min for target SpO2:
 - greater than or equal to 90% (non-pregnant)
 - between 92-95% (pregnant)
 - 88-92% (if known CO2-retainer)
- If respiratory deterioration or rapid increase in FIO2 advise MD
- If SBP is less than 95mmHg, administer:
 - NS bolus of 10ml/kg over 15 minutes
 - _____ bolus of _____ mls over _____ minutes

GOALS OF CARE:

- FULL CODE
- Intubation, no CPR
- No intubation, no CPR
- Palliative care only
- Other – (Specify below)

DIAGNOSTIC INVESTIGATIONS:

- Confirmatory COVID-19 NPS *if not already done*
- Chest x-ray Portable
- ECG Creatinine; urea
- CBC, auto diff, PTT; INR
- Lytes (Na, K), glucose
- CK; Troponin
- ALP Procalcitonin
- B-HCG (women childbearing age)

MEDICATIONS:

- Acetaminophen 975 mg PO for fever or analgesia. Do not give NSAIDS (ibuprofen, naproxen, etc.)

	Indication	Salbutamol 100 mcg MDI + spacer	Ipratropium 20 mcg MDI + spacer
<input type="checkbox"/>	Rapid reversal of airflow limitation (e.g., acute asthma or severe COPD exacerbation)	4 to 10 puffs inh q20min x 3 doses, then 4 to 10 puffs inh q3-4h (up to 10 puffs q1h) ¹	4 to 8 puffs inh q20min prn for up to 3h ²
<input type="checkbox"/>	Dyspnea and/or reversal of bronchoconstriction (e.g., patient with pneumonia)	2 to 4 puffs inh q4h prn	2 to 4 puffs inh q4h prn
<input type="checkbox"/>	For as needed symptoms (e.g., as a supplement to LABA and/or LAMA)	2 to 4 puffs inh q4h prn (up to q1h prn)	2 to 4 puffs inh q4h prn (up to q1h prn)
<input type="checkbox"/>	COPD exacerbation³	2 puffs inh q1h x 3 doses, then 2 to 4 puffs inh q2-4h prn	2 puffs inh q1h x 3 doses, then 2 to 4 puffs inh q2-4h
<input type="checkbox"/>	COPD maintenance⁴ (e.g., in place of LAMA and/or LABA)	2 puffs inh q6h prn	2 puffs inh q6h

If pneumonia on CXR:

- Cefuroxime 500mg PO BID x 7 days Azithromycin 500mg PO x 1, then 250mg PO daily x 4 days
- If Penicillin allergy: Doxycycline 100mg PO BID x5 days OR Levofloxacin 750 mg PO daily x 5 days

Other Orders:

- Reassess in 6 hours with walk test and document on assessment form

Prescriber's Signature: _____ Date (yyyy/mm/dd): _____ Time: _____
 Prescriber's Name: _____ Reg. No.: _____