

COVID-19 Quick Guide for Patients in the WLA Emergency Department

Step 1: PPE PPE PPE!

- Non-PUI: surgical masks, gloves
- PUI/COVID/Unstable: N95, gloves, eye protection, gown

Step 2: Evaluate patient – on every patient, check for COVID symptoms, determine if you need more PPE

A. COVID Symptoms *Don't forget to ask about non-COVID pathology!*****

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|---|-------------------------|---------------------|
| 1. Fever (44-99%) | 4. Fatigue (32-70%) | 7. Headache (8-14%) |
| 2. Cough (68-83%) | 5. Sore throat (14-61%) | 8. Diarrhea (3-10%) |
| 3. Dyspnea (19-76%) | 6. Body aches (11-48%) | 9. Vomiting (4-5%) |
| 10. Constellation of less-specific symptoms (e.g. headache, sore throat, new loss of taste/smell) | | |

- If any of the above is positive or patient unstable, treat as PUI and wear proper PPE.
- H&P should focus on classifying acuity and identifying risk factors. Attdg may see pt with you.

B. Clinical Acuity by Vital Signs

- **Low** - O₂sat \geq 94%, RR <20, HR <110
- **Moderate** - O₂sat 91-93%, RR 20-24, HR 110-124
- **High** - O₂sat <91%, RR \geq 25, HR \geq 125
- *If febrile* - reassess acuity after acetaminophen and defervescence.

C. Patient Risk Factors

- Age: Older age confers higher risk (\geq 60 years is >1% mortality)
- Chronic Comorbidities increase risk: HTN, CAD, DM, COPD, Cancer, CKD, liver disease, HIV+, stroke, immune deficiency, SES (socioeconomic status), ESRD, NH/SNF, congregate living
- Possible \uparrow risk: BMI \geq 40, smoker

D. Exam

- Lung Auscultation rarely changes management. Evaluate work of breathing, RR, accessory muscle use
- Limit routine portions of exam if unlikely to change management

Step 3: Diagnostic testing if needed

A. CXR if:

- Any moderate/high risk clinical acuity features, Age \geq 60 (>1% mortality rates), Concerning chronic conditions, BMI \geq 40, Anyone who you are considering for admission

B. Labs if:

- High risk or Moderate-risk with an abnormal CXR
- If PUIs being admitted to PCU/ICU: Order "Prognostication Labs" in the COVID Order Menu: CBC, Chem10, LFTs, Troponin, PT/PTT, LDH, CRP, ESR, Procalcitonin, D-Dimer, ferritin.

C. COVID-19 Diagnosis

- Often clinical \Rightarrow symptoms, signs and exposure history
- Single PCR test = high specificity, limited sensitivity (~71%)
- Rapid PCR test = limited number. Request if significantly alters management or dispo

Step 4: Initial Treatment:

- NC for hypoxia goal sat >94%, consider self-pronation
- If O₂ sats <94% w/ 6L NC consider HFNC w/ surgical mask or early intubation

Step 5: Dispo:

- Hospitalize if:
 - High acuity
 - Moderate acuity with: pna, immunosuppressed, elderly or multiple comorbidities
 - High risk due to complicated social situations, inability to self-isolate
 - Worsening symptoms 10-12 days after symptom onset