

# 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!\*\*\***

- |                     |                         |                     |
|---------------------|-------------------------|---------------------|
| 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%)  |

- 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** - O<sub>2</sub>sat  $\geq$ 94%, RR  $<$ 20, HR  $<$ 110
- **Moderate** - O<sub>2</sub>sat 91-93%, RR 20-24, HR 110-124
- **High** - O<sub>2</sub>sat  $<$ 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 ( $\sim$ 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 O<sub>2</sub> 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