

COVID-19 Pandemic Planning:

Emergency Department and Long-Term Care (LTC)
Protocols

4/2/2020



Communication between the ED and LTC facilities is the key to establishing sound planning and appropriate patient care

- Organize conference call between Medical Directors and Directors of Care (RN) for LTCs in your area with the following agenda items:

1. Advanced Directives:



- Stress importance of LTC MDs need to reevaluate Advanced Care Directives with patients' families, highlighting limited resources (ventilators etc) at hospital and more humane treatment keeping patient at LTC facility...memo/bulletin should come from Medical Directors to MRP MDs at LTCs

2. MD to MD consultation:



- Ensure MD to MD consultation between LTC MDs and EPs (or Charge RN to MD). In your department create a Charge MD who responds to all external calls to the ED from community MDs; this Charge MD can provide a second opinion as well as highlight the status of the department and ICU to avoid unnecessary transfers. Remember, goal is to minimize transfer of patients to the ED

3) Lab tests:



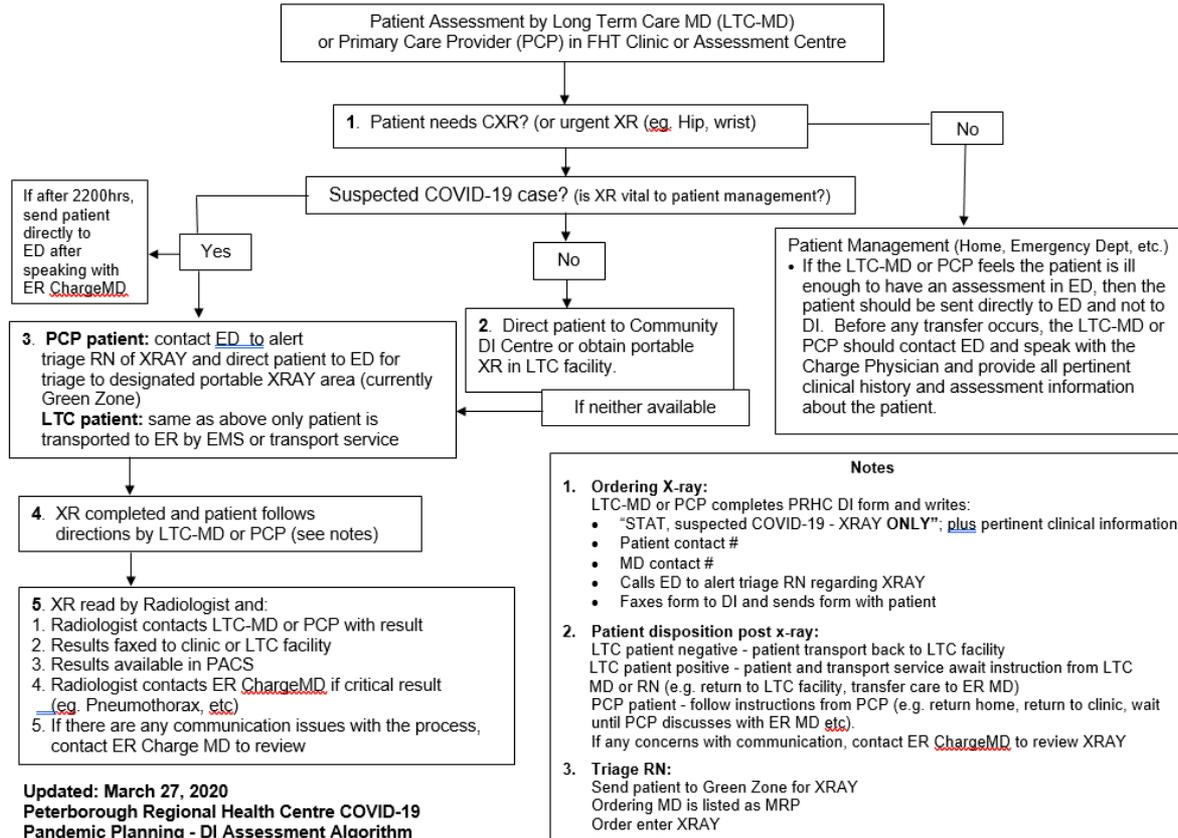
- Urgent bloodwork obtained by Lifelabs/Dynacare phlebotomists (in Ontario) and possibly analyzed at local hospital
 - need to develop protocol between labs and hospital, unless local labs able to provide results with quick turn around time
 - review with LTC MD need for bloodwork in first place

4) X-ray:



- Maximize use of portable x-ray service (in Ontario StL Diagnostic imaging is main provider). Also, review need for x-ray...e.g. hip/knee or even chest x-ray...will this change immediate management?
- Develop protocol with hospital diagnostic imaging to do x-ray in ER area (or other) and bypass need for EP involvement unless critical result (e.g. pneumothorax)(see algorithm)

COVID-19 PANDEMIC PLANNING – DI ASSESSMENT



4) Homecare:

- Maximize use of homecare services for IV fluids, IV antibiotics etc. Should be no reason for first dose IV antibiotic in ED
- <https://www.ncbi.nlm.nih.gov/pubmed/29517808>)



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THANK YOU.
