COVID Intake Flowchart with History, Physical Exam and Order Sheets

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.

Source: https://www.ceep.ca/2019-ncov

COVID – 19 Admission/Ventilation Decision Tree

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

Does patient require immediate intubation?

YES

NO

No other relevant medical issues
- Has access to food, water, communications, safe shelter
- Is at baseline level of function
- O2 saturation at baseline and no decompensation with activity, or greater than 94% on RA
- Respiratory rate less than 20
- Heart rate < 110 (no other pharmacological confounders)
- BP not below base line or expected reading for age/Sex.
- Does not appear clinically decompensated

YES → **DISCHARGE** with indications when to return to ED.

NO

Patient can walk 30 meters with less than 10% drop in saturation (even if CXR or US +ve)

YES → **DISCHARGE** with advice to do walk test at home with home (ideally with O2 sat probe) and indications when to return to ED.
Consider keeping a list of discharged patients for daily telephone check until improved or hospitalized.

NO

Relocate to non-acute COVID treatment area
O2 at 15 l/min with reservoir, keep O2 sat > 94
Labs/ABG/ECG and imaging as required
Reassess in 6 hours with walk test
Refer to admitting service if applicable

Patient can walk 30 meters with less than 10% drop in saturation and >94% on RA

Continue treatment, reassess in three hours for possible discharge

Does not pass walk test

Passes walk test and maintains saturation

DISCHARGE, advise when to return to ED.

Unable to do walk test or responds poorly with satn. less than 90%

Initiate ventilatory support[1] using appropriate precautions
Transport sedated patient using appropriate precautions to area dedicated to ventilated COVID patients.
Refer to admitting service.

Admit to ward **OR** Admit to ICU

YES

Patient decompensating?

NO

Continue treatment
Refer for admission

(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

Date of symptom onset: _____

Date of COVID test: _____ ☐ N/A

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

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*

HPI:

COVID SYMPTOMS

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

PMH:

RISK FACTORS

☐ *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 _____

SpO_2 _____% (☐ R/A or ☐_____L 0_2)

SpO2 post walk test _____% ☐ Cannot walk (new)

appearance: ☐

RED FLAGS

☐ HR>110 ☐ RR>30
☐ SBP<95 ☐ SpO_2 <92% on R/A General pain ☐ New confusion
☐ Decline in function (new)
☐ Dizziness/presyncope (new)
☐ GCS< 14

INVESTIGATIONS:

REASSESSMENT: Time _____

BP _____ HR _____ RR _____ Temp _____ SpO_2 _____% (☐ R/A or ☐_____L 0_2)

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.: _____

Patient Sticker or MRN#

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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, Sp02, 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
☐	**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]
☐	**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
☐	**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)
☐	**COPD exacerbation[3]**	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
☐	**COPD maintenance[4] (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.: _____