

# **CLINICAL REVIEW**

## **AdventHealth Orlando COVID19 ICU Experience**

The AH Orlando Intensivist Team

## Orlando COVID 19 ICU #1 and #2 Admissions

	Total	Percent
Current Census	<b>49 (80)</b>	<b>61%</b>
Patients	<b>71</b>	
Gender	<b>45/21 (M/F)</b>	
Age	<b>59 (20-84)</b>	
Mortality	<b>5</b>	<b>7%</b>
Disch ICU	<b>10</b>	<b>14%</b>
Disch Home	<b>4</b>	<b>6%</b>
MOSF	<b>58</b>	<b>82%</b>
Mech Ventilation	<b>69</b>	<b>97%</b>
Days of Mech Vent	<b>6</b>	<b>8%</b>
Weaned/Extub	<b>9</b>	<b>13%</b>
Hydroxy	<b>69</b>	<b>97%</b>
Azithro	<b>70</b>	<b>99%</b>
Tocilizumab	<b>25</b>	<b>35%</b>
Sarilumab	<b>20</b>	<b>28%</b>
Remdesivir	<b>6</b>	<b>8%</b>

# LESSONS LEARNED

## 1) Different than typical ARDS

- Low PEEP (10 to 14) usually enough
- Daily Cxray not needed

## 2) Acute Renal Failure

- Partly due to fluid restriction?
- Resuscitate properly as needed if shock. Diuresis later
- CVVHD requirements are higher than expected

## 3) Prone: practice makes it perfect

- No issues with manual prone. Rotaprone bed not needed.

# LESSONS LEARNED

## 4) Micro and Macro emboli not uncommon

- Consider anticoagulation when appropriate and early
- Monitor D-dimer in the ICU

## 5) If patients are unable to tolerate HFNC most will require intubation

- Continue to avoid Bipap due to risk of aerosols unless patient in a negative pressure room

## 6) Reintubation after extubation not uncommon and happens early after extubation.

- Do a leak test prior to extubation

# LESSONS LEARNED

**7) Triglycerides must be monitored carefully when on propofol**

**8) Sedation and Analgesia shortage will be an issue**

- Develop alternatives and have a conservation plan
- Review your restraints policy

**9) Plan for Cohort testing and abbreviated testing**

- Echo, Leg Ultrasound, Cxray

**10) Establish an efficient family communication process**

**11) Establish a Cohort ICU Unit and revise hospital code blue response procedures**