NON-ICU COVID19 CARE PATHWAY
Quick Reference Guide
Supplemental to COVID19 PowerPlan Utilization

Hospital Medicine

Revision as of 07.15.20

Indicate level of suspicion of COVID In your assessment and plan based on History, Physical and Diagnostic testing as below	
+ CT scan suggestive of COVID or CXR with bilateral infiltrates	Any of the following lab abnormalities: • Lymphopenia (35-75% of the cases)
Hx of community/ family contact with COVID or travel to high risk areas	• Increased values of CRP or ESR (75–93% of cases) • LDH elevation (27–92% of cases)
Fever 101 or greater: 75% of patients	• Elevated D-dimer
Influenza and RSV-PCR negative turnaround time 1 hour if available	• Low procalcitonin

Isolation Tips
Special droplet (N95 + eye protection) + Contact (gown + gloves). Note: for COVID19 + COVID PUI and any patient on aerosol generating procedures regardless of isolation status
Aerosolizing procedures in negative pressure room if available
Avoid unnecessary aerosolizing procedures e.g. nebulization (switch to inhalers), non-invasive ventilation (CPAP, BiPAP)

If COVID-19 testing is ***negative***, consider the following:

High Probability	Keep on unit and re-test
Moderate Probability	Re-evaluate for possible repeat testing and/or continued observation
Low Probability	Please transfer off Cohort and **notify PCP* (T/C Home)**

To help reduce risk for potential exposure due to false negatives

- **High risk patients** from cohort units with *1 negative COVID 19 PCR*
  - Should **remain on Cohort unit until 2nd test results are available**
  - Remain on special contact/droplet precautions
- Patients with ***1 negative PCR*** and no 2nd test results pending
  - Must remain on **droplet precautions for the remainder of their stay.**
- Patients with ***2 negative PCRs*** and meeting CDC criteria for discontinuing precautions
  - **May have precautions discontinued**

Therapeutic options should be based on severity using the following scale:

- 0 = Patient on room air
- 1 = Patient requires supplemental O2 via NC up to a max of 6L
- 2 = Patient requires supplemental O2 in addition to ONE of the following
  - Dyspnea or staccato speech at rest or after minimal activity
  - RR > 22 on 6L
  - PaO2 <65 mmHg with 6L
  - Worsening infiltrates on imaging (CT preferred)
- 3 = Patient requires HFNC, CPAP or NIV
- 4 = Patient intubated with minimal support PaO2/FiO2 or using PS
- 5 = Patient intubated with PaO2/FiO2 > 150 mmHg
- 6 = Patient intubated with PaO2/FiO2 < 150 mmHg
- 7 = Patient intubated with PaO2/FiO2 < 150 mmHg AND requiring vasopressor support
- 8 = Patient intubated in prone position or ECMO

Severity Score	Treatment for Hospitalized Patients*
0	Support care only – if clinically stable, consider discharge for self-quarantine
1	**Remdesivir** (based on criteria and availability) Dexamethasone 6mg po or IV daily** for up to 10 days
2	**Remdesivir** (based on criteria and availability) **Corticosteroids** Consider **Convalescent Plasma (call Research Pharmacist: 413-519-7056)**
3	**Corticosteroids** **Tocilizumab** (ICU/ID consult) Consider **Convalescent Plasma (call Research Pharmacist: 413-519-7056)**
≥4	**Corticosteroids** **Tocilizumab** (ICU/ID consult) Consider **Convalescent Plasma (call Research Pharmacist: 413-519-7056)**

**Patient can be discharged whenever clinically indicated. Full duration of therapy does not need to be completed if patient is suitable for discharge to home. Isolation should be maintained at home for the time period recommended.*

***Full results pending publication*

Upon admission to Cohort Unit, please notify PCP^ of patient's admission

***Consults**: Please limit to only those deemed necessary based upon clinical picture

^PCP: original group pt would have been assigned to without Cohort unit

https://www.covidprotocols.org/pdf/QuickGuide_Hospitalist.pdf

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Lab Work: STAT order COVID-19 PCR & HIV 1/2 Antigen/Antibody Screen Fourth Generation	
Upon Admission	CBC, BMP, Magnesium, CRP, LFT, CPK, LDH, PTT, INR, procalcitonin, troponin, NT-proBNP, D-dimer, ferritin
Daily	CBC, BMP, Magnesium *(If patient is in ICU: add troponin, CPK)*
Every Other Day	LFT, CPK, troponin, CRP, LDH, D-dimer, ferritin *(If patient on propofol: add triglyceride)*
If Clinically Worse	LFT, CPK, troponin, CRP, procalcitonin, LDH, ferritin, D-dimer, fibrinogen, PTT, INR

Lab results to expect: *Potential marker of disease severity	
Normal WBC	Elevated AST*/ALT
Lymphopenia*	Elevated CRP*
Mild thrombocytopenia	Elevated LDH*
BMP with elevated Cr	Elevated D-dimer*
Normal procalcitonin	Elevated troponin

Care Recommendations	
CT Chest	NOT necessary for diagnosis (caution w CT d/t increase risk of spread thru transport, break in isolation and risk of AKI)
Daily CXR	NOT necessary unless it will change management plan
IV Fluids	Conservative fluid management is important to mitigate risk of progression of respiratory failure
Steroids	Avoid using empirically, only use if other indication (i.e. Pt. requires supplemental O2) (***Refer to PP***)
Antibiotics	Utilize if bacterial superinfection likely (Review with pharmacy and/or consult ID)
Code Blue	Don PPE prior to entering room, even if this delays CPR. Stop chest compressions for intubation to decrease secretions

Non-ICU COVID-19 Care Checklist	
Oxygenation	☐ If requiring oxygen, attempt to wean O2 at least once per shift and document if desats ☐ If on RA at rest, ambulate the patient on RA at least once per shift and document if desats ☐ If O2 requirements increase by >1L, consider putting the patient in prone position (if tolerates) (***Refer to Prone PP***) ☐ Consider utilization of heated high flow O2 (*Unless patient condition warrants, heated high flow O2 should stay on PCU*)
Positioning	☐ Encourage prone position (as much as tolerated) if requiring >2L via NC ☐ If patient cannot tolerate prone position, encourage lying on the side or sitting upright
Medications	☐ Review for: ○ If requiring oxygen: ▪ Dexamethasone…Severity Score 1 & Above *(Consider Escalating Doses as Severity Score Increased)* ▪ Remdesivir (contraindicated in renal failure, liver enzymes 5x nl)…Severity Score 1-2 Recommended ○ IL-6 antagonist (use with very specific requirements and ID Consult)…Severity Score 3 and Above ☐ Antibiotics for bacterial superinfection, discontinue if not identified ☐ VTE prophylaxis ○ Preferably Lovenox or heparin ○ If SCD only and patient is refusing, notify physician to consider pharmacoprophylaxis ○ If D-dimer is trending up or very elevated, consider therapeutic anticoagulation doses
Labs	☐ Generally check at least every 2-3 days (more often if patient status is changing) ○ D-dimer, Ferritin, CRP, CBC, CMP ☐ May recheck for negative COVID 7 days after last positive test / onset of symptoms
Hydration	☐ Avoid excessive hydration/volume overload; discontinue continuous fluids if patient is taking PO well
Nutrition	☐ Document % meal consumed ☐ If routinely <50% consumed, request order for dietary supplement
Patient Activity	☐ If requiring >3L O2, minimize activity without oxygen (as these patients desaturate quickly) ○ Have bedside commode/bed pan/diaper ☐ Encourage frequent Incentive Spirometer use/have at bedside
Criteria rapid response/ obtain ABG/ consider upgrade to ICU:	☐ Requiring >6L NC ☐ Low PaO2 on ABG while on 6L or more via NC ☐ Increased respiratory rate/work of breathing ☐ Altered mental status

Remdesivir Process
Medical Provider has patient meeting FDA EUA criteria
Medical Provider Flagler/Lake/Polk/Volusia: Order thru Multi-State COVID PowerPlan by selecting "Consult to pharmacy-remdesivir" Orange/Osceola/Seminole: Order thru Remdesivir PowerPlan in PowerChart. Enter Consult to Pharmacy for Remdesivir.
Pharmacist profiles order once delivered by state DOH

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COVID-19 Discharge Criteria Recommendation

Discharge criteria from the ED:

- Ambulatory O2 sat >92% on RA or ≤2L O2
- RR <20
- Tolerating PO
- Baseline mental status
- Able to quarantine
  - CM to address:
    - Home O2 (if indicated)
    - Home monitoring program (Vivify)
      - Pulse Ox
      - Thermometer
      - Virtual visit
      - Education
    - Disposition for special populations

Discharge criteria from IP:

- Ambulatory O2 sat >92% on RA or ≤2L
  - For patients requiring up to 4L O2, stable without escalating oxygen needs ≥48 hours
- Inflammatory markers stable or trending down (i.e., LDH, ferritin, CRP, D-dimer)
- If repeat CxR performed, no worsening of infiltrates
- Tolerating PO
- Baseline mental status
- Able to quarantine
  - CM to address:
    - Home O2 (if indicated)
    - Home monitoring program (Vivify)
      - Pulse Ox, Thermometer
      - Virtual visits
      - Education
- Disposition for special populations

Capacity Mgt/Reverse Triage Process

- **Home Monitoring Program for COVID-19 + or PUIs** 18y/o or older (pending results) to be discharged and monitored daily by a centralized nurse monitoring team
  - All patients discharging with RPM will have a Home Physician Group referral
  - Patients needing to be more closely monitored may have HHC and/or DME (Oxygen) ordered along with the home monitoring/Home Physicians Group (HPG) visit.
- **Inpatient Discharge Triage Tool** (IDTT)
  - Daily assessment of discharge readiness for all non-ICU patients

Discharge Medications:

- Dexamethasone 6mg PO qday x5 days (if requiring oxygen during hospital stay or at discharge)
  - Recommend against glucocorticoids if not hypoxic and requiring supplemental oxygen
- Cough suppressant +/- Albuterol HFA prn
- Consider oral antibiotics if bacterial superinfection likely
- Anticoagulation
  - High Risk: D-Dimer ≥3
    - Consider CTA
    - Anticoagulation Algorithm
  - Moderate Risk: D-Dimer 1.5- <3
    - Consider ASA
  - Low Risk: D-Dimer <1
    - No Medications Recommended

Link to treatment algorithm and anticoagulation pathway
https://www.adventhealth.com/adventhealthtreatmentalgorithm

Special Population

- SNF/ALF/Group Homes/Psych/Baker Act
  - Disposition to COVID-receiving facility, and two negative tests (24 hours apart)
  - *Recommend if test returns positive to repeat ≥48 hours later
- Homeless/Shared living quarters
  - Hospital/state/city provided hotel room
  - Refer to COVID Homelessness Process with CM

Telehealth on Cohort Units

- Inpatient telehealth patient care on COVID units
- Please follow Tele visit guidelines
- https://ahsonline.sharepoint.com/sites/TeleHealthResources

Treatment Algorithm Link – One-stop shop for all SRC approved treatments at AdventHealth

https://www.adventhealth.com/adventhealthtreatmentalgorithm

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