

WINK FOR THE CARE OF COVID-19 PATIENT

COVID 19 Guidance:

Infection control should be notified of any suspected or confirmed COVID-19 patients.

When treating patients with COVID-19, use proper infection prevention and implement PPE equipment (refer to “**CME PPE COVID-19**” video: [CME PPE Covid-19 Video](#) and the “**COVID-19 PPE Use**” WINK: http://intranet.bhssf.org/en/Initiatives/Documents/coronavirus-pdf/2020_0320_covid-19_ppe_training_for_hcp_final_version_2-1.pdf)

Not all patients, especially those with mild disease, require hospitalization. Clinical judgment should be used in deciding which patients can be safely discharged home vs. admitted to the hospital. Some factors that are associated with more severe disease include hypoxemia, greater than 65 years old, diabetes, elevated Sequential Organ Failure Assessment (SOFA) score (score greater than 7), D-dimer greater than 1, lymphopenia, elevated ESR (erythrocyte sedimentation rate), and underlying cardiovascular and/or lung disease.

Patients with mild symptoms not admitted to the hospital but suspected or confirmed with COVID-19 should be instructed to seek medical assistance or go to the hospital if their condition worsens.

Recommendations:

- Patients with suspected or confirmed COVID-19 infection should be counseled about appropriate quarantine and infection prevention procedures
- Proper droplet and/or contact precautions should be practiced when managing confirmed or suspected COVID-19 patients
- Supportive care is the corner-stone of COVID-19 therapy
 - Acetaminophen is recommended over NSAIDs (e.g., ibuprofen). Preliminary data suggest that NSAIDs may be associated with a more severe outcome. Try to avoid use of these agents in cases of suspected or confirmed COVID-19 infection, unless medically necessary
- Nebulizer treatments can potentially aerosolize the virus and increase the chances for exposing others
 - Meter dose inhalers (MDIs) are difficult to procure and should not be ordered unless medically indicated
- High flow oxygen nebulizer treatments and non-invasive positive pressure ventilation (CPAP/BiPAP) are highly discouraged in patients with suspected or confirmed COVID19 as they create aerosolized particles
- Corticosteroids should be avoided due to potential for prolonging viral replication, unless indicated for other reasons
- Consider limiting IV fluids (which can exacerbate ARDS) unless otherwise indicated
- Concomitant infection with influenza or bacterial pneumonia with COVID-19 is unlikely, anti-influenza and antibacterial drugs should not be initiated or continued unless clinically indicated

COVID-19 Patient Management

Order Sets & PowerPlans

Department	Order Sets (Down Time Forms)	Cerner Power Plan
Inpatient	SO-0271 – COVID-19 Admission Orders for Adults	MED COVID-19 Admission_B
Urgent Care	SOO-0271 – COVID-19 Outpatient Care Orders for Adults	UC COVID-10 Adults-B
Emergency	SO-0272 – COVID-19 Emergency Department Orders for Adults	ED COVID-19 Adults-B
BETHESDA - ED	PS2595 Emergency Department COVID-19 Order Set	CPOE order set search "COVID"
BETHESDA - INPATIENT	PS2594 The COVID-19 Admission Adult Order Set	CPOE order set search "COVID"

Physician / APRN / PA / Intensivist

SYSTEMWIDE:

- **Order Coronavirus (SARS-CoV-2) Nasopharyngeal Swab STAT (approx. 3 days turnaround for results, likely to change as additional resources become available) if not previously ordered**
- **Avoid Corticosteroids** due to potential for prolonging viral replication, unless indicated for other reasons
- Antiviral Medications: There is no preferred antiviral treatment for COVID-19. Early supportive care is the mainstay of treatment. Co-infection with influenza and COVID-19 is possible but unlikely.

Registered Nurse

SYSTEMWIDE:

- **Droplet and contact precautions, private room with door closed, negative pressure isolation room if available, use PPE equipment (as per BHSF Infection Control)**

RNS	Process	Name of Screen
Emergency Department	Complete COVID-19 Cerner Screen, Collect Specimen, Provide Education, Notify EDP of patient	Infectious Disease Travel Screening
Inpatient	Verify completion of COVID-19 screen, Initiate Order Set, Refer to COVID-19 education in Cerner to provide information to patients/caregiver and document in IPER	
Urgent Care	Complete COVID-19 Screen, Collect Specimen, & Provide Education	Door: COVID-19 Pre-screening Tool on Paper Triage: Infectious Diseases Travel Screening in Cerner
BETHESDA	Initiate Order Set, Refer to COVID-19 education to provide information to patients/caregiver and document in EHR	Refer to BETHESDA Screening Tool for COVID-19

COVID-19 Patient Management

Respiratory

- High flow oxygen and nebulizer treatments are highly discouraged in patients with suspected or confirmed COVID-19 as they create aerosolized particles and increase the chances for exposing others. Please consider the use of metered dose inhalers (MDIs).

Pharmacy

- Complete medication reconciliation upon patient arrival as per entity practices to prevent adverse medication reactions

Social Work/ Case Management

- Verify completion of post-acute care Hospital Post-Acute Care Facility Transfer COVID-19 Assessment Tool (SF-0089) (Exception: BETHESDA)

Ventilation Management & Liberation

- Follow regulatory guidelines for ventilation management and liberation
- Critical Care:
 - Initiate **EBCC ICU General Admission_B** orders
 - Respiratory failure management is incorporated in this power plan
- Utilize updated sub-phase **Analgesia, Sedation, Delirium and Paralytic Order for Mechanically Ventilated Patients (SO- 0173)**
 - Order sets now include sedation holiday orders, and system-wide criteria for Spontaneous Awakening Trial (SAT) and Spontaneous Breathing Trial (SBT)
- BETHESDA
 - Initiate Intensivist ICU Admission Order Set

Evidence-Based References

- BHSF. Infection Control: Transmission Based Precautions. Retrieved March 19, 2020 from <http://intranet.bhssf.org/en/departments-and-directories/InfectionControl/Pages/TBIP.aspx> (Accessible via Intranet)
- Checklist for Healthcare Facilities for Supply of N95 Respirators for COVID-19. (2020, March 5). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>
- Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. (n.d.). Retrieved March 18, 2020, from [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Coronavirus (COVID-19) What you need to know. (2020, March 17). Retrieved March 18, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings... (n.d.). Retrieved from http://www.nwcmss.org/assets/1/infection_control_reference_materials/CDC_update_on_PPE_3-10-20.pdf
- Management of Patients with Confirmed 2019-nCoV. (2020, March 7). Retrieved March 18, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>