COVID-19 PATHWAY

For adult patients ≥16 years over

NHS West Hertfordshire Hospitals NHS Trust

INITIAL ASSESSMENT

Time/Date of assessment: _____/_____/____ ____:____ Name of clinician: _____

NHS No

Hospital Number

Name

DOB

Tick when complete

1. **____ Triage assessment**
2. **____ Covid-19 PCR swab**
3. **____ Complete SOARS score**
   https://wghintra01/ae/soars/
4. **____Complete Covid Long Score**
   https://wghintra01/ae/long_score.htm
5. **_____Tick appropriate box below based on assessment**

SOARS (Sats, Obesity, Age, Resp rate, Stroke) SCORE				
	1	**2**	**3**	**4**
SpO_2	≤92% RA			
Obesity	BMI >30			
Age (yrs)	50-59	60-69	70-79	>80
RR	>24			
Stroke	History			
SOARS Score = _____				

COVID LONG SCORE (CLS)* *The CLS *includes* the SOARS score					
SOARS SCORE as above *PLUS*					
	1	**2**	**3**	**4**	**5**
Ever smoker	Yes				
Dementia	Yes				
CKD Stage	1	2	3	4	5
WCC	>11				
Lymph.	<0.7				
CXR	>4 zones affected				
SOARS + CLS Score = _____					

GREEN — SOARS Score 0-1

1. Discharge to Virtual Hospital
2. Give patient advice pack (with oximeter)
3. If appropriate, call #7854 for VH drug trial eligibility and give patient information leaflet and consent form to read

ORANGE — SOARS Score 2

1. Discuss with medical registrar/cons.

← *If patient is low risk*
← Complete treatment in green box

→ *If patient is high risk* (<50 yrs and RR>24; SpO_2<92% RA, NEWS ≥2)
→ Bloods (Set 1)
→ Book CXR

2. Calculate Covid Long Score (CLS)

If CLS <7
→ Assess O_2 requirements
→ Prone if <94% RA
→ Aim for ≥94% (unless COPD/OHS/CCF target 88-92%)

If CLS >=7
→ Complete treatment in red box →

RED — SOARS Score >=3

1. Calculate Covid Long Score

← *If CLS <7*
← Complete treatment from orange box

If CLS >=7
→ Bloods (Set 1 and Set 2)
→ Fast track Covid swab if acute MI or stroke
→ Book CXR
→ IV fluids if indicated
→ Antibiotics if PCT >0.5 (Refer to MicroGuide)
→ Aim O_2 ≥94% (unless COPD/OHS/CCF target 88-92%)
→ Calculate Clinical Frailty Scale
→ Assess DNACPR and escalation
→ Assess need for ICU/CPAP

Bloods:

(Set 1) FBC; U+Es; CRP; LFT
(Set 2) Ferritin; D-Dimer; Procalcitonin; BNP; LDH; Troponin

INPATIENT MANAGEMENT

Time/Date of initial treatment: _____/_____/____ ____:____ Name of clinician: _____

1. INITIAL TREATMENT

If RA SpO2<92% (unless COPD/OHS/CCF)

- ➔ Give supplemental oxygen
- ➔ Prone if needed
- ➔ Prophylactic anticoagulation as per inpatient guidelines for patients with high risk of thromboembolic events
- ➔ Perform PCT and give antibiotics if bacterial infection suspected (Refer to MicroGuide)
    1. Send sputum sample and blood cultures
    2. Choice of antibiotics based on hospital guidelines (community acquired pneumonia; hospital acquired pneumonia; sepsis)
    3. Total duration of antibiotics is 5 days
- ➔ Treat other comorbidities
- ➔ Prescribe Covid medications if indicated (see medications on page 4)

2. CALCULATE CLINICAL FRAILTY SCORE (CFS) *(PLEASE CIRCLE)*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

3. MAKE ESCALATION DECISION AND DNACPR IF APPROPRIATE

Please tick Escalation Decision chosen ☐	Please tick Escalation Decision chosen ☐
If CFS <5	*If CFS >=5*
→ **FULL ESCALATION**	For patients 80 or over, discuss with senior clinical regarding TEP → **WARD BASED CEILING OF CARE**

FULL ESCALATION

- ***If SpO_2 < 94% on FiO_2 of 0.6***
  or CPAP > 10cmH_2O
  or PF ratio < 100 (PF ratio = arterial PaO_2 / FiO_2)
  or worsening at 24h/daily review
  ➔ **Rapid assessment for intubation & transfer to ITU if appropriate**

- ***If SpO_2 < 94% on FiO_2 of 0.4***
  ➔ **Discuss with Respiratory Consultant (available 24hours)** if candidate for NIV and recruitment into Recovery Respiratory Support as shown here:

Recovery Respiratory Support		
HIGH FLOW NASAL OXYGEN (HFNO)	**CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**	**STANDARD CARE**
Start at 60L/min flow @ FiO_2 0.6	Start at 8 cmH_2O @ FiO2 0.5	Based on clinical assessment
Up titrate by increasing FiO_2	Up titrate by increasing pressure by 2 or increasing FiO2	
Weaning Trial on Venturi face mask, if fails, back to HFNC	*Weaning* If FiO_2<0.5 swap to A40 in CPAP mode with entrained O_2 to wean Match settings when swapped over Respiratory team review in one hour	
Assess daily clinical review; PF ratio; ABG; if deteriorating, discuss with Respiratory Consultant or ITU		

- ***If SpO_2 > 94% on FiO_2 of 0.4***
  ➔ **Standard care in the ward**

WARD BASED CEILING OF CARE

- Always titrate treatment to maintain SpO_2 up to 94% (unless COPD/OHS/CCF where target is 88-92%)
- Therapeutic anticoagulation in ill patients with high suspicion for PE/DVT

Not reaching SpO_2 up to 94% on FiO_2 of 0.4?

➔ Discuss with Respiratory Consultant in consideration of HFNO: Start at 60L/min flow @ FiO_2 0.6 or CPAP (8 cmH_2O @ FiO2 0.5)

If PF ratio <100 or declining oxygenation or high risk score

➔ Timely discussion with family to enable palliative support

MEDICATIONS – ACTIVE TREATMENT

For more information about Covid-19 medications, contact Medicines Information.

DEXAMETHASONE	
Indication	**Treatment of Covid-19 on supplemental oxygen**
Dose	• For dexamethasone 2mg tablets: dosage 6mg (three tablets) once a day for 7-10 days • For dexamethasone 2mg/5mL oral solution: dosage 6mg (15mL) once a day for 7-10 days • For dexamethasone 3.3mg/mL intravenous 1ml ampoules: dosage 2mL (6.6mg) once a day for 7-10 days Treatment should stop if off oxygen or discharged from hospital or at 10 days IV administration should only be used where tablets or oral solution are not appropriate, or not available. When prescribing dexamethasone consideration needs to be given to the gastric ulcer protection effect of proton pump inhibitors according to local hospital policy.
REMDESIVIR	
Indication	• **Treatment of <u>confirmed</u> Covid-19 pneumonia on suppl. oxygen with worsening oxygenation despite dexamethasone, with FiO2 ≥ 28%** • Case discussed with respiratory consultant • Patients in viremic phase (within 14 days of symptom onset) • Not mechanically ventilated • Before starting, ensure eGFR >30; body weight >40kg; ALT <5 times upper limit at baseline *At times of shortage discuss with on call microbiology consultant and the antimicrobial pharmacist*
Dose	Day 1 – single loading dose of Remdesivir 200 mg given by intravenous infusion Day 2 onwards – 100 mg given once daily by intravenous infusion. **<u>The total duration of treatment should be 5 days</u>** Stop treatment if patient not on oxygen or discharged

MEDICATIONS – PALLIATIVE CARE

Communication with Patients: "I understand that this is an emotional time, anyone would be scared/anxious...it is normal to be worried and scared." "I am very sorry that you cannot have your loved ones around you, but as you can see, you are here with us. You are not alone. We will stay with you."
Communication with Family: "What concerns you the most?" "It's understandable you feel this way. This must be really hard for you / It is upsetting." "Who is around to support you?" "Is there something we can do to help?"

Indication	**Drug**	**PRN S/C Dose**	**Syringe Driver (CSCI) over 24 hours**
Pain/Cough	Morphine Sulphate (half dose in elderly patient, if eGFR < 30 use oxycodone)	2.5-5mg 2-4 hourly	10-20mg
Breathlessness	Midazolam + Morphine sulphate (as above)	2.5-5mg 2-4 hourly	10mg
Delirium	Haloperidol (halve dose in elderly)	1-5mg in 1-3 divided doses over 24h, max 5mg/day	N/A
Delirium *if end of life*	Levomepromazine	25mg	50mg
	Midazolam	5mg 2-4 hourly	15mg
Nausea and Vomiting	Cyclizine	25mg 8 hourly	100-150mg
Seizures	Midazolam	5-10mg 2-4 hourly	30-60mg
Respiratory secretions	Glycopyrronium	0.2-0.4mg 4 hourly	1.2-2.4mg

If symptoms are not adequately controlled, please contact the palliative care team on 01923 217930 or bleep 1006