Clinical phone call agenda
3 17 2020

- Brief update on relevant things (like us being short of swabs today)
  - Tent?
  - 9 cases on vcemergency.com
  - PUIs in the hospital?
  - Unknown if community spread
- Brief update on how to make the structure of getting clinical help without killing Infectious Disease consults (they’re getting 400 texts hourly)
  - We have to have local ED-ED, Hospitalist to Hospitalist using each other to run things by each other for the moment (and not just call ID) to take the load off of ID
    - There is also a physician hotline opening up
  - COVID is a viral prodrome – often consultants are called with not enough history, hard to tell if from bronchitis or CHF exac; is this an acute viral prodrome?
  - ED themes?
    - Doing a great job
    - Checklist helps – if mildly sick and won’t admit doctor can make decision to test, but test needs to go to Quest, 3-4 day turn around time; ED doing really well with this; criteria for testing loosening a little bit
    - 1c is really confusing, as is 1e now
  - As we get more tests, hoping to test more
  - Is there ever a role of testing but not putting them into full on isolation?
    - Don’t want to test if don’t isolate, don’t want to quarantine whole staff
    - If testing, should isolate (even if a soft call)
  - Tent: old ambulance bay on Loma Vista
    - Call at noon today about it
    - Need Fire and CDPH to sign off – looking at 24 hours more at least before it starts
    - Have a staffing plan
    - Will help tremendously
    - SPH Tent also??? – as of today – with limited number of resources → if slow enough speed, can deal with folks one at a time; have had some examples where well-appearing patient had a doctor and nurse test outside
- When do we go into next phase of community spread concern? Being talked about.
  - Dedicated CT
  - Soft admits don’t get admitted
  - No lab or outpatient X-ray
- PPE for intubating:
  - Definite bouffant
  - ? shoe covers
- PPE Stocking
  - Very difficult time keeping ante room stocked. Gowns, gloves, masks of both types, gel, portable stethoscopes → something missing every time.
• Nessa asking administration for a plan since volunteers who used to do the stocking are no longer working due to restrictions

• Working through medications with antibiotic stewardship
  o Steroids
  o Kaletra
  o Chloroquine
  o Many others
  o AVOID Angiotensin 2 as a pressor, maybe avoid NSAIDs but not much data yet
  o For PUIs, no metanebs or nebulizers – can do MDI or nothing
    ▪ Critical shortage of albuterol

• Website resources—Medical Staff Office

• RECURRING THEME: EARLY ANCHORING ON COVID IN NON-COVID PATIENTS
  Caveat: Its early in the course. Most patients I saw did not have COVID. I expect this to change as prevalence increases.
  Everyone has fever and respiratory symptoms. The decision is appropriately made in the ED to test for COVID. But not much other workup is done. No blood cultures. No sputum. No urine. Most of my time spent on patients was related to workup for non-COVID causes of fever.
  COVID rule out is not a diagnosis. COVID test takes days to come back. Most patients are billed as a COVID rule out, but THIS IS THEIR DISPO, NOT THEIR DIAGNOSIS. Most patients had undifferentiated sepsis, for which workup and therapy is needed long before you know if they actually had COVID. My experience was most patients had something else, and the diagnosis was delayed due to early anchoring on COVID.

• Cases that have been tested or not tested:
  o Themes (to not violate HIPAA):
    ▪ Look for alternate explanations for fever as above
    ▪ Lower threshold for testing for the following groups
      • HIV positive
      • Dialysis patients
      • Living in a homeless shelter

• Sensitivity of test
  o BAL: 93-95% sensitive
  o NP swabs: 32-63% sensitive
  o CT to rule people out?
    ▪ Not quite yet into the algorithm

• 9 presumptive positives → unknown where they are, are asking for more information from Public Health
  o CDC is no longer confirming

• Quest can order 1200 tests per day
  o We are better off than many other counties since we have a public health lab

• Kids (and all-comers) →
  o Have isolated but haven’t tested
  o Just send to the tent when tent opens

• Outpatient tent
  o Drive through options were listed on the call yesterday