

Guidelines for physical examination of the patient who is Covid-19 positive (or PUI): VCMC/SPH

Principles

1. Seeing the patient in person has a therapeutic benefit; this benefit is attenuated by wearing PPE.
2. Examining the patient in person may have a diagnostic benefit; a focused exam (i.e. cardiopulmonary exam in a patient with a COPD exacerbation) often suffices.
3. Assessment of psychological well-being, comfort and general well-being is useful in all patients and is often feasible by telephone communication coupled with visualization through a window or by an electronic visit held by someone in PPE in the room. This part of the exam should be documented daily.
4. Communication of important topics (e.g., initial diagnostic and therapeutic plan, prognosis, goals of care or consents for procedures) generally should be done in person (not by electronic media).
5. Conservation of PPE and minimizing the risk of HCW exposure to Covid-19 is important.
6. Consider interview of the patient via electronic media even if in-person exam will happen, to minimize time of exposure.

	Initial Evaluation – 1 st 24 hours	Follow-up Evaluations
Primary Hospitalist team (non-ICU level patient)	<p><u>Resident physician:</u> performs initial exam on admission (see principle 6)</p> <p><u>Hospitalist:</u> within 24 hours, also performs complete bedside evaluation of the patient. (see principle 6)</p>	<p><u>For stable patients or convalescing patients waiting for placement:</u> the daily evaluation can be done through a window or electronic media with video and audio functionality (e.g. smart phone or iPad). Audio or video technology can be used to observe and guide exam by nurse in the room by physician outside of the room.</p> <p><u>For sick patients:</u> <u>Resident physician or Hospitalist physician:</u> discussion between both resident and attending physician decides a) if an in-person exam is required that day, and b) who will be doing the in-person exam if it is required. Phone or iPad should be used by other team members who wish to observe the exam. Communication of plans to the patient and answering questions may be done electronically (see principle 4).</p>
ICU Team (ICU level patient)	<p><u>ICU Team:</u> one resident or attending physician performs a complete bedside examination of the patient. An attending intensivist may watch the exam and interview electronically if resident is performing the exam.</p>	<p><u>ICU Team:</u> A team member performs a complete bedside examination every 24 hours; smart phone or iPad should be used by other team members who wish to observe the exam. Communication of plans to the patient and answering questions may be done electronically (see principle 4).</p>
Consultants	<p>Attending performs a bedside examination if necessary to provide recommendations. If bedside examination is not necessary, then the evaluation should be done by phone/ iPad / window.</p>	<p>If a bedside examination is necessary to provide recommendations, a team member performs a focused bedside examination as indicated; smart phone or iPad should be used by other team members who wish to observe the exam. If bedside examination is not necessary for decision-making, then the evaluation should be done by smart phone or iPad. Communication of the recommendations to the patient and answering questions may be done electronically (see principle 4).</p>