# VCMC/SPH HOSPITALIST QUICK GUIDE FOR MANAGEMENT OF PATIENTS WITH COVID19 + INITIAL WORK-UP

**FIRST STEPS**: *use interpreter phone if English is not first language*
At Admission: Address Code Status, Fill out POLST
Discuss realistic goals re. intubation and CPR, see MGH link below

**LAB WORK-UP:**
See management guidelines and COVID-19 Checklist

| | |
|---|---|
| **At admission →** | CBC with differential, CMP, CRP, LFT, CPK, LDH,procalcitonin, troponin if ICU, d-dimer, ferritin |
| **Daily →** | Discuss with attending daily<br>If patient is in ICU add: troponin, CPK |
| **Every other day →** | LFT, CPK, troponin, CRP, LDH, d-dimer, ferritin<br>If patient on propofol add: triglyceride |
| **If clinically worse →** | LFT, CPK, troponin, CRP, procalcitonin, LDH, ferritin, d-dimer, fibrinogen, PTT, INR |

**Poor Prognostic Factors**

| | |
|---|---|
| Age >65 | LDH>245 |
| Elevated Sofa Score | CRP >10 |
| Chronic lung, heart, renal, liver disease | CPK >400 |
| Diabetes | Ferritin >300 |
| Cancer/Immunocompromised | D-dimer >1000 |

**RESPIRATORY CARE:** If @6L/min NC (goal SpO2 92 - 96% or PaO2 >75)
-Consult Anesthesiology for contingency plan for next steps
-Call Respiratory Therapy: avoid nebulizer
-Consult ICU
****if decompensation or rapid increase in FiO2 call ICU and anesthesiology STAT**

**ISOLATION:** Remember these basics for covid + or rule-out patients
- Contact (gown + gloves) +Droplet (mask + eye protection)
- If aerosolizing procedure or intubated patient use N95 mask
- Aerosolizing procedures in negative pressure room only
- Avoid unnecessary aerosolizing procedures e.g. nebulization (switch to inhalers), high flow nasal cannula, non-invasive ventilation (CPAP, BiPAP).
- Limit entry into room

**CONSULTS to CALL:** Up front consults or when to call
- INFECTIOUS DISEASE → on ALL patients (discuss therapies)
- ANESTHESIOLOGY → if @6L/min NC or rapidly increasing FiO2
- RESPIRATORY THERAPY → if requiring 6L/min NC O2
- ICU TRIAGE → @6L/min NC or if concern for clinical worsening
- CARDIOLOGY → if concern for new heart failure, ACS, VT/VF, or cardiogenic shock
- ONCOLOGY → call primary oncologist at time of admission

**INITIAL MANAGEMENT CONSIDERATIONS:**

| | |
|---|---|
| **CT chest**: | NOT necessary for diagnosis, recommend minimizing use of CT given challenges with isolation and transport |
| **Daily CXR:** | NOT necessary unless changes 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 |
| **Antibiotics:** | Follow VCMC CAP guidelines for empiric antibitics based on patient risk factors, talk to ID consult about concerns |
| **Code Blue**: | For covid + or covid rule-out, tell page operator this is covid patient; put on PPE prior to entering room, even if this delays CPR. Use clear plastic sheet. |

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http://hospitals.vchca.org/medical-staff-services
https://www.massgeneral.org/assets/MGH/pdf/news/coronavirus/covid-19-talking-about-CPR.PDF