Quick Reference Guide to the Management for Suspected/Confirmed COVID-19

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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Stage 0 – Patient is a possible COVID-19 case

1. New Continuous cough **OR**
2. Temperature $\geq$ 38.1°C **OR**
3. Loss of, or change in, normal sense of taste or small **OR**
4. Patient with acute respiratory infection, influenza, clinical or radiological evidence of pneumonia, or acute worsening of underlying respiratory illness, or fever without another cause should have SARS-CoV-2 test
   AND
5. Oxygen sats <92% (<88% in COPD) **OR**
6. Delirium **OR** other major risk factor **OR** NEWS >3

No → **Consider for discharge. Ensure covid-19 swab sent. Officer advice on self-isolation and to seek advice if worsens**

Consider admission ↓

Stage 1 – Baseline Assessment in Suspected COVID-19

1. Manage patient inside room/cohort area, used correct COVID-19 PPE
2. Observations – including O_2 saturations (target 92-96%, or 88-92% if concerned regarding hypercapnia
3. Consider ABG, especially if patient at risk of hypercapnia (COPD, BMI>35, Neuromuscular disease) and to help select correct target range
4. Blood tests – see COVID-19 panel on ICE, including PCT
5. Nose & Throat swab for COVID-19 PCR (include other respiratory viruses as appropriate)
6. Use of IV fluid: aim for euvolaemia, monitor urine output
7. Request CXR, include COVID-19 risk on ICE. CT for COVID-19 – consultant only decision.
8. Calculate ISARIC 4C mortality score (use chrome browser)
9. Antibiotic assessment (see below)
10. Assess need for COVID-19 Therapeutics (see below)
11. Assess need for DCC/CPAP (see below)
12. Discuss and complete ReSPECT as appropriate including CPR and DCC escalation recommendations (see below)

4C Mortality Score
- Low 0-3
- Intermediate 4-8
- High -14
- Very high 15-21

This document is a quick reference guide only. If labelled [LG] or [NG] further detailed Local Guidance or National Guidance documents are available and should be referred to if needed

Stage 2 – Antibiotic Assessment[LG]

COVID-19 is a virus, antibiotics are only indicated if bacterial pneumonia is suspected

Factors associated with COVID-19
- Respiratory distress after 7-10 days of influenza-like illness
- Loss of sense of smell/taste
- Lymphopenia present
- Neutropenia absent
- Non-lobar bilateral CXR infiltrates

Factors associated with bacterial infection
- Lobar pneumonia on CXR
- Increased sputum volume/purulence
- Rapidly unwell after a few days
- Neutrophilia present
- History of COPD/bronchiectasis

If antibiotic treatment indicated:
- Send sputum for MC&S
- Use appropriate guidance for antibiotic choice:
  - Community-acquired pneumonia[LG]
  - Hospital-acquired pneumonia[LG]
  - Neutropenic sepsis (adults)[LG]

- Please note, if PCT < 0.25, low risk of respiratory bacterial infection
  - **PLEASE CONSIDER STOPPING ANTIBIOTICS**

Stage 3 – Review with results

COVID-19 PCR or POCT Positive	COVID-19 PCR or POCT negative, but high clinical suspicion	COVID-19 PCR or POCT negative, Low clinical suspicion
↓	↓	↓
Continue to stage 4 therapeutics ENSURE ANTIBODY SENT or ADDED TO PREVIOUS SAMPLES	Continue to stage 4 therapeutics, consider repeat Swab and other possible differentials ENSURE ANTIBODY SENT or ADDED TO PREVIOUS SAMPLES	Consider other differentials and exit this pathway.

Stage 4 – Therapeutics[NG]

DEXAMETHASONE

RECOMMENDED — Offer dexamethasone to people with COVID-19 who:

- Need supplemental oxygen to meet their prescribed oxygen saturation or
- Have a level of hypoxia that requires oxygen but who are unable to have it or tolerate it

Continue for **up to 10 days** unless there is a clear indication to stop early, which includes discharge from hospital. Monitor Blood Glucose levels in all high dose steroid use.

DOSE — For adults or young people over 12 years; 6mg once daily orally or intravenously.

OXYGEN

RECOMMENDED — Aim to maintain oxygen saturation between 92%-96%, or 88%-92% in patients with proven or suspected hypercapnia.

CONDITIONAL RECOMMENDED — CPAP should be considered in patients unable to maintain a pO2 of 8.0kPA with 40% or more. If the patient is for escalation and requires 60% or more, this should be provided in DCC/ITU if possible[LG,NG].

DALTEPARIN

RECOMMENDED — Offer standard prophylactic dose of a LMWH as soon as possible to young people and adults admitted with COVID-19 who need oxygen without an increased bleeding risk. Treatment should be continued for a minimum of 7 days, including after discharge.

CONDITIONAL RECOMMENDED — Consider treatment dose LMWH for adults with COVID-19 on low flow oxygen. Treatment continued for 14 days or until discharge, whichever is sooner. Dose reduction will be needed if patient requires HFNO, CPAP, NIV or mechanical ventilation. Document indication for treatment dose clearly in the notes.

REMDESIVIR

CONSULTANT DECISION

CONDITIONAL RECOMMENDED — Consider Remdesivir for up to 5 days for COVID-19 in adults with less than 10 days of symptom, and over weighing 40kg+, in hospital and needing low-flow supplemental oxygen (0-15L/min) and only with a 4C score >3. **NOTE: Hospital onset COVID-19 Remdesivir criteria different – SEE CAS ALERT/INTERIM CLINCIAL POLICY**

DOSE — For or adult 40kg and over: Loading 200mg for 1 dose and then maintenance 100mg once daily for 5 days (max 10 days in immunocompromised). Consider stopping after 48hours if no longer needing O_2, deteriorating after 48hrs, ALT≥5 times upper limit or eGFR<30mL/min. Avoid if unlikely to survive.

NEUTRALISING MONOCLONAL ANTIBODIES

CONSULTANT DECISION

RECOMMENDED — nMABs or neutralising monoclonal antibodies are part of the recommended list of therapeutics for COVID-19, but the selection of which to use with be dependent on several factors, including which variant is dominant at the time of use. **PLEASE SEE THE LATEST SEPARATE GUIDANCE – CAS ALERT/INTERIM CLINICAL POLICY.**

DOSE — **PLEASE SEE THE LASTEST SEPARATE GUIDANCE – CAS ALERT/INTERIM CLINCIAL POLICY.**

TOCILIZUMAB

CONSULTANT DECISION

RECOMMENDED — Offer Tocilizumab or Sarilumab to adults in hospital with COVID-19 if all the following apply

- They are having or have completed a course of corticosteroids
- They have not had another IL-6 inhibitor during this admission
- There is no evidence of other infection with PCT <0.25

AND

- Need supplemental oxygen and have a CRP ≥ 75 **OR**
- Are within 48 hours of starting high flow nasal oxygen, CPAP, NIV or invasive ventilation

DOSE — Single dose of 8 mg/kg by IV infusion. Max dose no more then 800mg

SARILUMAB

RECOMMENDED — Offer Tocilizumab or Sarilumab (which even is available) for COVID-19 pneumonia in hospital. The same conditions apply as for tocilizumab (see above).

DOSE — Single dosage for Sarilumab is a 400mg IV. Should not a given if platelets <150

RECOMMENDED — Recommended treatments are based on good quality evidence and are recommended by NICE.

CONDITIONAL RECOMMENDED — Conditional recommendations are based on limited or emerging evidence, but remain part of NICE guidance.