COVID-19 Quick Guide for Patients in the WLA Emergency Department

Step 1: PPE PPE PPE!
- Non-PUI: surgical masks, gloves
- PUI/COVID/Unstable: N95, gloves, eye protection, gown

Step 2: Evaluate patient – on every patient, check for COVID symptoms, determine if you need more PPE

A. COVID Symptoms ***Don't forget to ask about non-COVID pathology!***

1. Fever (44-99%)	4. Fatigue (32-70%)	7.Headache (8-14%)
2. Cough (68-83%)	5. Sore throat (14-61%)	8.Diarrhea (3-10%)
3. Dyspnea (19-76%)	6.Body aches (11-48%)	9.Vomiting (4-5%)

- If any of the above is positive or patient unstable, treat as PUI and wear proper PPE.
- H&P should focus on classifying acuity and identifying risk factors. Attdg may see pt with you.

B. Clinical Acuity by Vital Signs
- **Low -** O2sat ≥94%, RR <20, HR <110
- **Moderate -** O2sat 91-93%, RR 20-24, HR 110-124
- **High -** O2sat <91%, RR ≥25, HR ≥125
- *If febrile* **-** reassess acuity after acetaminophen and defervescence.

C. Patient Risk Factors
- Age: Older age confers higher risk (≥ 60 years is >1% mortality)
- Chronic Comorbidities increase risk: HTN, CAD, DM, COPD, Cancer, CKD, liver disease, HIV+, stroke, immune deficiency, SES (socioeconomic status), ESRD, NH/SNF, congregate living
- Possible ↑ risk: BMI ≥ 40, smoker

D. Exam
- Lung Auscultation rarely changes management. Evaluate work of breathing, RR, accessory muscle use
- Limit routine portions of exam if unlikely to change management

Step 3: Diagnostic testing if needed

A. CXR if:
- Any moderate/high risk clinical acuity features, Age ≥ 60 (>1% mortality rates), Concerning chronic conditions, BMI≥40, Anyone who you are considering for admission

B. Labs if:
- High risk or Moderate-risk with an abnormal CXR
- If PUIs being admitted to PCU/ICU: Order "Prognostication Labs" in the COVID Order Menu: CBC, Chem10, LFTs, Troponin, PT/PTT, LDH, CRP, ESR, Procalcitonin, D-Dimer, ferritin.

C. COVID-19 Diagnosis
- Often clinical => symptoms, signs and exposure history
- Single PCR test = high specificity, limited sensitivity (~71%)
- Rapid PCR test = limited number. Request if significantly alters management or dispo

Step 4: Initial Treatment:
- NC for hypoxia goal sat >94%, consider self-pronation
- If O2 sats <94% w/ 6L NC consider HFNC w/ surgical mask or early intubation

Step 5: Dispo:
- Hospitalize if:
  - High acuity
  - Moderate acuity with: pna, immunosuppressed, elderly or multiple comorbidities
  - High risk due to complicated social situations, inability to self-isolate
  - Worsening symptoms 10-12 days after symptom onset