

Caring for a Covid 19 patient - Nursing Guidelines

Safety First

- Confirmed or suspected COVID 19 – make sure you are wearing the right PPE for the task you are doing- [PPE guidelines](#)
- Remember to try and minimise the number of staff exposed to covid. [SPACES](#) (Sharing Patients Assessments Cuts Exposure for Staff).

Important Considerations

- Treatment Escalation Plan (TEP) so you know the goal of care for the individual patient
- NEWS- escalate according guidelines and confirm target saturations. Red Flag- increasing oxygen requirements (this will not increase the NEWS)
- Length of covid illness (patients tend to deteriorate days 7-10)

Airway

Assess airway but do not put your face too close to the patients face when assessing

If emergency call is required (MET, Cardiac Arrest, Anaesthetic Emergency)- State COVID if red area or covid patient. CPR and BVM ventilation are both Aerosol Generating Procedures (AGPs) so full PPE required before commencing either. [Resuscitation guidelines](#)

Breathing

Covid 19 affects the respiratory function predominantly- Respiratory assessment is therefore very important

- Monitor respiratory rate and assess work of breathing, try to avoid auscultation unless necessary
- Monitor oxygen saturations and confirm target saturations (lower saturations are often accepted in covid patients but please confirm with team caring for patient)
- Monitor oxygen requirements (refer to CCOT if increasing O2 requirements especially over 40%)
- Humidify oxygen if possible and aim to wean oxygen as soon as able
- If increasing oxygen requirements consider [conscious proning](#) [see guidelines](#)
- If Non invasive ventilation (NIV) is being considered- **it cannot be started without senior decision making (ICU/respiratory consultant). ASK for help (CCOT 8495).**
- Remember NIV is an AGP (including patients on home NIV) [See NIV guidelines](#)

Circulation

Assess heart rate, rhythm (ECG), BP (looking at trends). Fluid balance chart- aim for 0.5mls/kg/hr. Encourage oral intake, monitor for Acute Kidney Injury (AKI).

Ensure IV access if necessary. Check if blood tests required and how often (FBC / U&E; every 72 hours = LFT / CRP / D-dimer / INR / LDH. Need repeat procalcitonin (PCT) 48 hours after admission)

Disability

Assess ACVPU escalate any concerns

Random blood glucose (especially if prescribed dexathasone - [see guidelines](#))

Exposure

Temperature- control with paracetamol

Venous thromboembolism – COVID-19 patients are high risk for VTE (DVTs in arms/legs and PEs), [see guidelines](#). All patients with COVID-19 will require VTE prophylaxis for 7 days or until hospital discharge, whichever is longer, unless contraindicated.

Check drug chart consider dexamethasone and remdesivir [see guidelines](#)

Check pressure areas, bowels, pain, adequate nutrition, encourage patient to sit out and mobilise if possible.

Goals of Care

[Ensure patient has a TEP](#) which is reviewed regularly and has consultant input, so that care is appropriate and in the patients best interests.

Everything Else

Ensure patient is aware of medical plan, discuss any concerns and escalate them, update family/NOK encourage use of technology to keep in contact with family and friends

For more detailed information on managing covid ward patients [see management of the covid patient on a general ward](#)

For covid learning resources please see IRIS- find courses- covid