

# COVID-19

## Management Prompt Card

### Treatment Plan For Admission Patients

TREATMENT ESCALATION PLAN MAY INFLUENCE TREATMENT PLAN

#### INVESTIGATIONS

##### ECG

All Patients

##### SWAB

Rapid Swab at Point of Admission via ED  
If Negative – 'Prescribe' Day 3 and 5 PCR Swabs

##### IMAGING

**CXR** – All Patients  
*CT Imaging - Discuss with Radiology*

##### BLOODS

VBG – Check Glucose  
FBC, U&E, CRP, LFTs, PCT, HIV, D-Dimer  
Blood Cultures (Anaerobic & Aerobic)  
HbA1c – **If New O<sub>2</sub> Requirement (2<sup>nd</sup> Purple Bottle)**  
Diabetic Patients – Ketones  
Troponin & BNP – *If ITU Candidate*  
ABG - **If Requiring >40% FiO<sub>2</sub>**  
**NIV Instigation Requires Consultant/Respiratory  
Medicine Input**

IF COVID POSITIVE THEN INFORM HOUSEHOLDS / CAREHOMES WITH DOCUMENTED CONSENT

#### MANAGEMENT

*Remember to Manage Intercurrent Illness & Injury*

##### OXYGEN

Titrate to Saturate >90% spO<sub>2</sub>

A NHS REVIEW IS BEING CONDUCTED ABOUT OXIMETERS  
OVERLY ESTIMATING SATURATIONS IN NON-CAUCASIANS

**IF REQUIRING >40% FiO<sub>2</sub> - ABG & DISCUSS WITH  
CONSULTANT FOR CRITICAL CARE INPUT**

*SEE AWAKE PRONING ADVICE*

##### ANTIBIOTICS

Only start Antibiotics if evidence of bacterial  
superinfection based on lobar consolidation or  
elevated PCT

##### VTE PROPHYLAXIS

Give VTE Prophylaxis Unless Contraindicated

##### FLUID BALANCE

Catheterise & Fluid Chart

Aim for Clinical Euvolemia

Avoid IV Fluid If Patient Can Drink Adequately  
*IF CLINICALLY 'DRY' START MAINTENANCE FLUIDS 0.5  
ML/KG/HOUR - 0.9% NACL OR HARTMANN'S*

*DEPENDING ON RISK OF HEART FAILURE:*

**IF SYSTOLIC <90MMHg:  
250-500ML IV CRYSTALLOID OVER 30 MINS**

**IF SYSTOLIC STILL <90MMHg  
AND FOR ESCALATION:  
CONTACT CRITICAL CARE**

##### SPECIFIC TREATMENT

Dexamethasone is indicated in most patients  
**admitted** with COVID-19. Send HbA1c.  
Post Admission: Remdesivir & Tocilizumab/Sarilumab

Check the specific guidance

**DO NOT Instigate NIV without Consultant Input  
from Respiratory Medicine**

##### TEP

Before Leaving the Acute Floor, All Patients Must  
Have a Treatment Escalation Plan by a Consultant

##### RESEARCH

All COVID patients should have the opportunity to  
take part in clinical trials of novel treatments  
Highlight all confirmed cases of COVID-19 to  
research teams