**Covid-19 Pneumonia Management Pathway SFT -Draft**

* **\*Severity assessment (in addition to clinical review) *; consider 4C Mortality score*** ( [***https://isaric4c.net/***](https://isaric4c.net/)***)***
	+ **Severe – SpO2 ≤94% air, requiring supplemental 02 to keep SpO2 >94%;**

 **rising O2 requirement / falling SpO2, re-consider escalation plan; refer ICU**

* + **Mild – no O2 requirement; SpO2 > 94% on air; stable**
* **Be alert for increasing O2 requirement**
* **Supportive treatment eg IV fluids , aim for euvolaemia/ slightly positive fluid balance**
* **Standard VTE prophylaxis unless requiring critical care**
* **Consider complications eg cardiac-myositis/ischaemia, heart failure, arrhythmia, delirium**
* **Consider other investigations at any stage eg CTPA; repeat ECG, ECHO**
* **Regular bloods – daily if severe, to include DIC score /fibrinogen, ferritin, LDH**
* **Consider stopping antibiotics for CAP (Microguide) if no evidence of bacterial infection**
* **\*\* Escalation plan & CPR status - review daily; Complete RCU Patient Admission Summary sheet**
* **Suitability for clinical trial – check with Respiratory /Clinical Trials team**
* **Refer all suspected CV19 CAP to Respiratory +/-ICU; ensure patient managed on RCU/ICU in isolation bed**
* **\*\*\*See Respiratory Care Unit (RCU) guidelines for further information (Microguide/ ‘Yellow book’)**

**Consider Remdesivir IV for 5 days (usually swab +ve)**

**if early stage of severe illness (ie ≤10 days), /daily bloods & clinical review**

 **(*see Microguide for inclusion criteria /more info*)**

 **Give Dexamethasone 6mg IV/PO OD**

**for 7 to 10 days *(or hydrocortisone 50mg IV QDS)***

 **Oxygen/CPAP/NIV/HFO2/IMV\*\*\***

**Supportive treatment +/- Antibiotics for CAP**

**Awake proning/physio/CCOT, +/- IV fluids, nutrition**

**Severe**

**Severity assessment\* & Escalation plan\*\* including CPR status**

<https://www.nice.org.uk/guidance/ng159/resources/covid19-prescribing-briefing-corticosteroids-pdf-8839913581> Oct 2020

<https://www.nice.org.uk/advice/es27/chapter/Key-messages> NHS Rapid Policy statement Interim Clinical Commissioning Policy: Remdesivir for patients hospitalised with COVID-19 6th Nov 2020 SLE/CST 17th Nov 20202v7

**Mild**

**Clinical Assessment – History/Examination/Risk factors for Covid19/Investigations(bloods/ECG)**

**Supportive treatment +/- Antibiotics for CAP**

**+/- IV fluids, nutrition, physio,**

**Consider ICU**

**Do not give Dexamethasone**

**Be alert for increasing O2 requirement**

 **Admission to RCU (via RAZ/ward transfer)**

**Consider other investigations e.g CTPA, ECHO**

**CXR – alternative diagnosis likely/ uncertain diagnosis**

**CXR - Suggestive of CV19 Pneumonia (ensure rapid Covid-19 PCR swab sent)**