**Covid-19 Pneumonia Management Pathway SFT**

**Consider ICU -? CPAP/IMV; + Other drug therapy**

<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 15th Jan 2020v11

* **\*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 invasive or non–invasive respiratory support (CPAP/NIV/HFNO then consider intermediate dose prophylactic dalteparin > discussion with consultant/bleeding risk assessment** <https://viewer.microguide.global/SALIS/CLINICAL#content,7f081fd3-6d95-403c-b65c-d5d5eb9f92ee>
* **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; Ext 4447**
* **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) –D/W Resp/Micro Cons**

**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\*\*\***

**Do not give Dexamethasone**

**Be alert for increasing O2 requirement**

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

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

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

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

**Severe**

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

**Mild**

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

**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)**

**COVID – 19 Pneumonia Treatment Pathway**

**(COVID positive with x-ray changes and/or new O2 requirement)**

|  |  |  |
| --- | --- | --- |
| **Test** | **Date** | **Positive or Negative** |
| Community Test |  |  |
| Lateral Flow Test |  |  |
| PCR Swab |  |  |

|  |
| --- |
| **Date of Symptom Onset** |
|  |

**Medication**

|  |  |  |
| --- | --- | --- |
| **Drug** | **Indication** | **Prescribed (initial)** |
| Dexamethasone 6mg PO (6.6mg IV if NBM) 10 day course | *For suspected or confirmed COVID 19 and requiring any oxygen.*  *Consider PPI.* |  |
| Remdesivir 200mg Stat then 100mg OD for 5 days | *If requiring ≥28% oxygen and positive PCR test (community or hospital)*   * *This requires a discussion with the Respiratory team. Please bleep Consultant on 1624 or SpR on 1181/1348 to discuss.* |  |
| Dalteparin | *Prophylactic once daily dose unless PE considered or already on anticoagulation* |  |
| Proning | *Advise patient to self-prone and provide information leaflet (microguide). Physiotherapy team can assist with advice.* |  |
| Antibiotics | *Consider and prescribe as per microguide* |  |
| Clinical trial | *Inform clinical trial nurses* |  |

**Oxygen**

* *Aim saturations 94% in all patients unless type two respiratory failure/chronic hypoxia then 88-92%*
* *If requiring > 4litres of oxygen then use venturi/humidified oxygen to have accurate FiO2 delivery*

|  |  |
| --- | --- |
| **Oxygen Prescribed (Initial)** |  |

**Escalation Plan**

|  |  |  |
| --- | --- | --- |
| **Escalation** | **Tick as appropriate** | **Initial** |
| Level 3 (full escalation) consideration for intubation and ventilation/CPAP/HFNO and ICU admission |  |  |
| Level 2 CPAP/HDU/RCU |  |  |
| Level 1 Ward based care |  |  |
| DNACPR discussed and signed (likely required for patients deemed for level 1 or 2 care) |  |  |

**Escalation to RCU/ICU:** If the patient is requiring 28% oxygen then discuss with ICU (bleep 1319)/RCU (bleep 1624)/Medical Registrar (bleep 1316) as appropriate to the patients level of escalation above