

**4C Mortality Risk Score for Covid-19 Infection** <https://isaric4c.net/risk>

Use online calculator

**Co-morbidites**

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**Venothromoembolic Prophylaxis in Covid-19 Infection**

If platelets <50 or deranged clotting discuss with Haematology

* **Mild** ie no O2 requirement- **Standard prophylactic dose LMWH**
* **Moderate/Severe -**on O2 but not ventilatory support.

 Assess **bleeding risk** (VTE-BLEED Algorithm -Microguide)

 If **Low risk** of bleeding (<2): Consider T**reatment dose LMWH** (based on weight)

 If **High risk** of bleeding (≥2): Consider **Standard prophylactic dose LMWH**

* **Severe** & on ventilatory support- **Intermediate dosing LMWH (5000units bd)**

 Step up to intermediate dosing LMWH (5000units bd) if previous on standard prophylaxis

 Step down to intermediate dosing LMWH (5000units bd) if previous on treatment dose

 (unless clinical need for full anticoagulation)

 [The VTE-BLEED Algorithm (practical-haemostasis.com)](https://practical-haemostasis.com/Clinical%20Prediction%20Scores/Formulae%20code%20and%20formulae/Formulae/VTED_bleedng/vte_bleed_score.html)

<https://viewer.microguide.global/guide/1000000295#content,7f081fd3-6d95-403c-b65c-d5d5eb9f92ee>

**Disseminated Intravascular Coagulation (DIC) Score**

<https://www.mdcalc.com/isth-criteria-disseminated-intravascular-coagulation-dic>



See NICE Covid-9 Rapid guideline: Managing Covid-19 (NG191) June 2021 <https://www.nice.org.uk/guidance/ng191>

& Microguide for detailed SFT guidance on managing all aspects Covid-19 infection CST/SLE 21st July 2021v15 p2

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

**Admission to Respiratory Care Unit (via RAZ/ward transfer)**

**If Pregnant alert the On call Obstetric Cons/Labour Ward**

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

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

**CXR - Suggestive of CV19 Pneumonia**

**(ensure Covid-19 PCR swab sent)**

**\*Use in conjunction with Patient Admission & Management Summary (Microguide) & complete for every patient**

* **Severity assessment-based on clinical review & consider *4C Mortality score*** <https://isaric4c.net/risk> ;

**Severe: Clinical signs of severe pneumonia; tachypneoa, SpO2 ≤90% air, requiring O2 to keep SpO2≥94%; if ↑O2 requirement / ↓SpO2 then re-consider escalation plan/refer ICU; Moderate: No signs of severe disease, SpO2 90-93% on air; Mild – no O2 requirement; SpO2 ≥94% on air; stable**

* **Supportive treatment eg IV fluids, aim for euvolaemia/slightly positive fluid balance/mouth care ( Microguide/pt info)**
* **VTE prophylaxis: Mild - standard VTE prophylaxis; Severe requiring ventilatory support (CPAP/NIV/HFNO/IMV) - intermediate dose prophylaxis; Moderate/severe but not on ventilatory support – consider treatment dose dalteparin > bleeding risk assessment** The VTE-BLEED Algorithm (practical-haemostasis.com)
* **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**
* **Suitability for clinical trial – discuss with Respiratory Team /Clinical Trials team (Ext. 4447/Bleeps 1169/1121)**
* **Ensure patient managed in appropriate ward/ICU in isolation bed according to current Covid IPC**
* **\*\*\*See Respiratory Care Unit (RCU) guidelines for further information (Microguide) including ventilatory support**
* **Be alert for ↑O2 requirement – refer all patients of concern to Respiratory Team (Bleep 1582 weekdays) +/- ICU**

**Moderate Disease - Consider Remdesivir IV 5 days**

**if early stage of severe illness (≤10 days), on O2 and not requiring ventilatory support (See Microguide)**

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 **Give Tocilizumab 8mg/kg (max 800mg) IV**

**if requiring supplemental O2 & CRP ≥75 OR < 48hrs of requiring ventilatory support (See Microguide)**

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

**Moderate/Severe Disease**

**Mild Disease**

**VTE Prophylaxis**

**Depends on disease severity, ventilatory support**

**& bleeding risk assessment (see below/ Microguide)**

**Supportive treatment,+/- IV fluids, nutrition, physio, standard VTE prophylaxis, +/- Antibiotics for CAP**

**Do not give Dexamethasone**

**Be alert for ↑ O2 requirement**

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

**Supportive treatment: Awake proning/physio, +/- IV fluids, nutrition,+/- Antibiotics for CAP,CCOT**

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

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

**Consider ICU referral - HFNO/CPAP/IMV; therapy**

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