

SJRH ED COVID-19 Clinical Treatment Guidance

Mild
Alert
RR12-20
SpO₂>95%
HR 51-110

Mod
Alert
RR21-24
SpO₂ 94-95%
HR 111-130

Severe
AMS
RR>24
SpO₂ 92-93%
HR >130

Critical
AMS, end organ dysfunction
RR>24 >8
SpO₂ ≤91%
HR>130; AbN perfusion

Ix: NPS

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CXR- portable

Investigations: NPS
CXR- portable
Sepsis bloods +LFTs
ECG

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Airborne/Contact (N95+)
*Cardiac arrest/Critical O/A
*Aerosol Gen. Procedure
Droplet/Contact : no AGPs/mild
Limit IV fluid administration
Bronchodilators by **MDI** preferably

\$\$LIMIT AND PROTECT VS. AGPs
HFNO/Optiflow
NIPPV (CPAP/BiPAP)
Nebulized treatments
BVM, Intubation
Suction, disconnections, Surg. Airway

Normal
↓
Abnormal:
>25- 50% bilat infiltrates
and/or at risk conditions

Walk:30m SpO₂≥94%
Access All: Shelter
Food/H₂OPhone Adult

Home: education & h/o
Fam Med- prn clinical f/u
pending result. Call oncall
RTED/Direct Admit:
AMS or unwell or RR>20
or SpO₂≤94% or ↑ dyspnea

General Treatment:
FiO₂:lowest flow possible to maintain SpO₂≥90%^{\$\$}
IVF: +/-maintenance (restrictive)
Abx per NB antiinfective guideline/Spectrum app
Dexamethasone 6mg po/IV od x10d or d/c if req O₂
Antivirals:
IF Influenza circulating:
oseltamivir 75mg po bid -D/C if neg influenza swab

General Treatment:
FiO₂: to SpO₂ 94% until stabilized, and 90% thereafter
IVF: Adults 250-500ml q30-60ml. Stop if overload, no effect
Peds 10-20ml q15-30min x2
Abx: ceftriaxone 2gIVq24 + azithromycin 500mg IV q24 x48h (r/a)
Dexamethasone 6mg IV od x10d
Antivirals:
IF Influenza circulating: **oseltamivir** 75mg po bid -D/C if neg. swab

Legend:
AMS= altered mental status
AGP (aerosol generating procedure)
NIPPV= noninvasive positive pressure ventilation
RTED- return to ED
ETT/MV= intubation & mechanical ventilation
HFNO= high flow (nasal) O₂
BVM= bag-valve-mask ventilat'n
CVA= central venous access
At risk conditions include: >65, end organ dysfunction, CAD, DM, CHF, COPD/asthma, HTN, immunocompromised

Persistent Hypoxemia:
Failing O₂ 5L/np (with surgical mask)- consider evolving ARDS
Plan ETT/MV ► Checklist ► AIRBORNE PRECAUTIONS
5 person team: In Room- MD/RN/RT
Outside- MD/RN
Limit and protect NIPV, HF(N)O ► AIRBORNE PRECAUTIONS
2 person BVM, VL best option, most experienced provider
LMA for rescue oxygenation
Inflate cuff before bagging/MV post-intubation
HEPA filter at patient end for all circuits
Liberal sedation/analgesia
ARDS MV: TV6ml/kg PBW; higher PEEP, Plateau <30cmH2O
Consider Prone Ventilation if refractory hypoxemia

Shock:
Trial IVF as above w/ freq r/a (VS, POCUS)
Early vasopressors to MAP 65mmHg (60-65 >65yo):
Adults 1) norepinephrine 0.01-3mcg/kg/min
2a) epinephrine 0.1-0.5mcg/kg/min
or
2b) Vasopressin 0.03 units/min
Peds 1) epinephrine 0.1-1.5mcg/kg/min
2) norepinephrine 0.01-3mcg/kg/min
Vasopressors should be infused through CVA ASAP.