

COVID-19 TRAINING MANUAL:

Care and assessment of COVID-19 suspect or confirmed patients

PPE/Keeping yourself and others safe:

- Limit direct interactions with patients as much as possible
- Follow PPE guidelines as outlined here: please see learning hub links
- Wipe down stethoscope with Caviwipe after every patient encounter
- Wear airborne + contact PPE if running an arrest on a COVID-19 positive or suspected patient
- Scrubs:
 - o Wear hospital scrubs for confirmed positive patient wards, leave at hospital in laundry bins
 - o Have a set of shoes to leave at hospital
 - o Recommend wearing set of clothes that go IMMEDIATELY into hot water wash after returning home
 - o Shower upon returning home
 - o Hotel rooms for physicians are being obtained at lower cost for those who cannot/prefer not to go home between shifts

Testing and cohorting:

- MRPs will get called by medical microbiology for POSITIVE patients; negative results will be available on Cerner
- Hospital will be divided into zones:
 - o Red Zone: Confirmed positive
 - o Yellow Zone: Suspect cases awaiting confirmation
 - o Green Zone: Negative patients admitted for other reasons
 - o Palliative Zone: Patients being palliated

Supportive measures/treatment

- No treatment options yet
- PPOs will soon be available on Cerner to guide care and management
- Basic principles:
 - o Cautious use of IVF to limit development of ARDS (ask for assistance if unsure)
 - Use for hard indications such as hypotension, shock, AKI
 - Avoid hypotonic fluids, albumin, and starches
 - o Electrolyte and nutrition supplementation PRN
 - o Avoid use of NSAIDs if possible, use acetaminophen for pain/fever
 - o Cautious use of opioids in opioid naïve (unless palliative approach)

- Avoid use of NIV (BiPAP, optiflow) unless in negative pressure room for COVID-19 + patients – please speak with IM/Geri/Resp (red shirts, see below) or ICU staff before initiating
- Supplemental O2 as needed to keep sats >94% (if above 4L → call ICU)
- Empiric antibiotics for CAP and oseltamivir for influenza until ruled out
- Avoid nebulized medications → use MDIs with spacer for bronchodilators
- Establishing goals of care:
 - IM/Geri/Resp doctors will be available to help facilitate these conversations if needed
 - Dr Rose Hatala video link to Serious Illness Conversation Guide in the time of COVID-19: see separate link
 - Palliative care PPO for palliative management specific for COVID-19 coming soon

Charting:

- On Cerner as per usual if sufficient computers
- May use own laptop if needed with remote access
- Chartlets (small paper charts) may be used for physician progress notes

Consultations/support from others

- Call ICU if O2 requirements are above 4L for ICU-appropriate candidates (DNR M4 and above)
- Early ICU involvement if concerned → goal is to AVOID any code situations by early consultation
- Red scrub tops:
 - COVID-19 wards will have IM/Geri/Resp physicians present at all times to help as needed for immediate consultation
 - There will be a call line for IM/Resp physicians who can provide support remotely for any non-urgent issues
- Access to regular consultants either remotely or in person (psych, nephro, cardio, etc.) – more specific information to follow