

# COVID-19 Inpatient Management

See also: **Respiratory Failure** and **Drugs & Treatment** guides at <https://covidprotocols.org/quick-guides>

## PPE / Infection Control

- *Outside patient rooms:* surgical masks
- *Inside patient rooms:* N95 or PAPR, face shield, gown, bouffant/cap, gloves
- *Aerosol-generating procedure (AGP) precautions:*
  - PPE and negative pressure room if possible
  - treat NG tubes and oropharyngeal procedures as AGP
- *Minimize contact,* place infusion pumps and monitors outside room and use video/phone to talk with patients

## Code Blue

- *Before entering room:* don full PPE
- *Before compressions:* bedsheet over face until intubated
- *Minimize personnel:* 2 compressors, code leader, code RN, anesthesiologist, RT
- Consider reversibility: >90% COVID codes PEA/asystole

## Floor Labs

On admission	CBC w Diff, BMP, Mag, LFTs, Trop, CPK, NT-proBNP, LDH, CRP, D-dimer, Procal, PTT/INR, Ferritin, Fibrinogen, EKG
Daily (or if stable, every other day)	CBC w Diff, BMP, Mag
Every other day	LFTs, Trop, CPK, NT-proBNP, LDH, CRP, D-dimer, Ferritin, PTT/INR, Fibrinogen
Twice weekly	sIL-2R

- Expect: lymphopenia, mild thrombocytopenia, mildly elevated AST/ALT (if severe, consult hematology or GI)
- Consider cytokine storm and consult Rheumatology if clinical deterioration and elevated markers:
  - CRP >50 *plus any two of...*
  - D-Dimer >1000; Ferritin >500; LDH >300

## Imaging

- CXR on admission or PRN for clinical change:
  - expect: bilateral, basilar and peripheral GGOs, but can be unilateral or consolidated
- *Do not order* routine CT Chest; obtain only for alternate concerns (eg, abscess, empyema, PE)

## COVID-19 Testing and Flags Start with PCR from ED

If **POSITIVE:** flag SarsCoV2

If **NEGATIVE + SYMPTOMS**

- flag CoV-Risk and second PCR at 12h; if second test...
  - POSITIVE: flag SarsCoV2
  - NEGATIVE: flag CoV-Presumed *and* consider: serology, alternate etiologies, ID consult

If **NEGATIVE + NO SYMPTOMS**

- Low risk: no flag
- High risk: flag CoV-Risk (does not need SPICU) *and* second PCR at 12h; if second test...
  - POSITIVE: flag SarsCoV2
  - NEGATIVE: no flag

## COVID-19 Clearance

Currently hospitalized patients may be cleared by either:

TESTING	TIME
10 days since first positive + 1 day after symptom resolution + at least 2 neg PCR swabs	30 days since first positive + 1 day after symptom resolution

## Documentation / Notes

- GOC documented (ACP module in Epic) *and* healthcare proxy form signed on admission
- Dot phrases in Epic:
  - Admission: SPUADMITNOTE
  - Progress: PACEPROGRESSNOTE
  - Discharge counseling: SPUCOUNSELING
  - Discharge note: SPUDISCHARGECOVIDPOSITIVE or SPUDISCHARGECOVIDNEGATIV

## Support Teams

- Airway: p11668 (if STAT, p26555)
- ECMO: p35010
- ICU triage: p39999
- Infection Control: p11482
- Medicine Bedside Procedure Service: p38552
- Palliative team: p42200
- COVID clinical questions: ID team following, or p39634
- COVID flag management: p39635
- COVID Nurse Administrator: p39284