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

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

- **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

**If POSITIVE**: flag SarsCoV2

**If NEGATIVE + SYMPTOMS**

- flag CoV-Risk and second PCR at 12 h; 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 12 h; if second test...
  - **POSITIVE**: flag SarsCoV2
  - **NEGATIVE**: no flag

COVID-19 Clearance

Currently hospitalized patients may be cleared by either:

<table>
<thead>
<tr>
<th>TESTING</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 days since first positive + 1 day after symptom resolution + at least 2 neg PCR swabs</td>
<td>30 days since first positive + 1 day after symptom resolution</td>
</tr>
</tbody>
</table>

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 SPUDISCHARGECOVIDNEGATIVE

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