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
- **Minimize personnel:** 2 compressors, code leader, code RN, anesthesiologist, RT
- **Consider reversibility:** >90% COVID codes PEA/asystole

### Floor Labs

**On admission**
- CBC/FBC w Diff, BMP, Mag, LFTs, Trop, CPK, NT-proBNP, LDH, CRP, D-dimer, Procal, PT/INR/PTT, Ferritin, Fibrinogen, sIL-2R, IL-6

**Trending**

- **Daily:** CBC/FBC w Diff, BMP, Mag
- **Every other day:** LFTs, Trop, CPK, NT-proBNP, CRP, D-dimer, Ferritin, IL-6

**Adjust** per patient condition:

- **If improving:** May stop every-other-day tests for which results are stable/declining
- **If worsening:** Repeat admission labs, then resume trending schedule

- 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 and monitoring

- EKG on admission
- 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 12 h; if second test...
    - **POSITIVE:** flag SarsCoV2
    - **NEGATIVE:** flag CoV-Resumed 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>
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<tbody>
<tr>
<td>1 day after symptom resolution + at least 2 neg PCR swabs taken ≥24 hours apart</td>
<td>20 days since first positive + 1 day after symptom resolution</td>
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*See Partners Pulse for more information.*

### Documentation / Notes

- GOC documented (ACP module in Epic) and healthcare proxy form signed on admission
- Dot phrases in Epic:
  - Admission: SPUADMITNOTE
  - Progress: PACEPROGRESSNOTE with A/P COVIDPROBPACE
  - Discharge counseling: SPUCOUNSELING
  - Discharge patient instructions/AVS: COVIDINSTRPOSITIVE

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**FOR URGENT QUESTIONS:** consult ICU Triage. See https://covidprotocols.org/ for current full manual.