

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-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:

TESTING	TIME
1 day after symptom resolution + at least 2 neg PCR swabs taken ≥24 hours apart	20 days since first positive + 1 day after symptom resolution

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: SPUADMINNOTE
 - Progress: PACEPROGRESSNOTE with A/P COVIDPROBPAGE
 - Discharge counseling: SPUCOUNSELING
 - Discharge patient instructions/AVS: COVIDINSTRPOSITIVE