**QUICK GUIDE FOR MANAGEMENT OF PATIENTS WITH COVID19: HOSPITALIST GUIDE + INITIAL WORK-UP**

**FIRST STEPS:** *use interpreter phone if English is not first language*
- At admission: HCP form +/- MOLST filled out and updated
- Attending to discuss realistic goals re. intubation and CPR
- Check baseline EKG

<table>
<thead>
<tr>
<th>LAB WORK-UP:</th>
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<tr>
<td>At admission</td>
<td>CBC with differential, BMP, Magnesium, CRP, LFT, CPK, LDH, PTT, INR, procalcitonin, troponin, NT-proBNP, d-dimer, soluble IL2 receptor</td>
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<tr>
<td>Daily</td>
<td>CBC with differential, BMP, Magnesium</td>
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<tr>
<td>Every other day</td>
<td>LFT, CPK, troponin, CRP, LDH, d-dimer, fibrinogen, PTT, INR (If on propofol also: triglyceride)</td>
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<td>2x per week</td>
<td>soluble IL2 receptor</td>
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<tr>
<td>If clinically worse</td>
<td>LFT, CPK, troponin, CRP, procalcitonin, LDH, ferritin, d-dimer, fibrinogen, PTT, INR</td>
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**LAB RESULTS TO EXPECT:** *potential marker of disease severity*
- Normal WBC
- Elevated AST*/ALT*
- Lymphopenia*
- Elevated CRP*
- Mild thrombocytopenia
- Elevated LDH*
- BMP with elevated Cr
- Elevated d-dimer*
- Normal procalcitonin
- Elevated troponin*

**RESPIRATORY CARE:** See [Respiratory Failure Quick Guide](#) for details
- Titrate 1-6L/min NC for goal SpO2 92 - 96% or PaO2 >75
- Call Respiratory Therapy if requiring >6L/min: trial venturi or oximyzer COVID ICU Triage (p39999) @ oximyzer 10L/min or venturi FiO2 50%
- **if respiratory decompensation or rapid increase in FiO2 call COVID airway pager 39265 for intubation**

**ISOLATION:** Remember these basics for covid + or rule-out patients
- Contact (gown + gloves) +Droplet (mask + eye protection)
- If aerosolizing procedure or ICU patient use N95 mask
- Aerosolizing procedures in negative pressure room only
- Avoid unnecessary aerosolizing procedures e.g. nebulization (switch to inhalers), high flow nasal canula, non-invasive ventilation (CPAP, BIPAP)
- OK to continue chronic night-time non-invasive ventilation, switch to BWH mask + machine because less aerosol risk

**CONSULTS to CALL:** Upfront consults or when to call
- **INFECTIOUS DISEASE** → on ALL patients (discuss therapies)
- **ANESTHESIOLOGY** → if @6L/min NC or rapidly increasing FiO2
- **RESPIRATORY THERAPY** → if requiring 6L/min NC O2
- **ICU TRIAGE** → @6L/min NC or if concern for clinical worsening
- **CARDIOLOGY** → if concern for new heart failure, ACS, VT/VF, or cardiogenic shock
- **ONCOLOGY** → call primary oncologist at time of admission

**INITIAL MANAGEMENT CONSIDERATIONS:**
- **CT chest:** NOT necessary for diagnosis, recommend minimizing use of CT given challenges with isolation and transport
- **Daily CXR:** NOT necessary unless it will change management plan
- **IV fluids:** Conservative fluid management is important to mitigate risk of progression of respiratory failure
- **Steroids:** Avoid using empirically, only use if other indication
- **Antibiotics:** Follow BWH guidelines for empiric antibiosis based on patient risk factors, talk to ID consult about concerns
- **Code Blue:** For covid + or covid rule-out, tell page operator this is covid patient; use normal protocol for donning of PPE prior to entering room, even if this delays CPR.

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To check for the most up to date recommendations, please visit the [full manual](#) or use the QR code here →
For urgent questions please consult the BWH ICU triage pager (#39999)