Specialty guides for patient management during the coronavirus pandemic

Clinical guide to managing the patient with a cough and a temperature during the coronavirus pandemic

6 April 2020 Version 2
ED/AMU corona assessment tool

**Green**
- NEWS2 < 3
- Sats ≥ 95%

**Amber**
- NEWS = 3 or 4
- Sats 93% or 94% or desaturates on 40 step test*

**Red**
- Marked dyspnoea
- NEWS ≥ 5 or
- Signs of sepsis
- Sats ≤ 92%

**No desaturation**
- Home with advice

**Senior review**
- Admit or discharge with safety netting on basis of full assessment

**Admit for close monitoring**
- Rx with O₂
- Rx intercurrent bacterial infection
- May need CPAP/IPPV

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**Clinical Assessment**
- History and vital signs.
- Particular note of Persistent new cough, Fever > 37.8°C, Dyspnea, Flu like illness

**Chest examination**
- Often normal.
- ‘Silent hypoxia’ is common

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**Important co-morbidities**
- Hypertension
- Diabetes
- Respiratory disease
- Cardiovascular disease

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*For ALL admitted patients Ix should include*
- CXR
- FBC (n.b. leukocytopenia)
- CRP
- Troponin
Reason to admit (to an acute hospital bed) checklist

**Physiology**
- NEWS2 ≥ 3

**Therapy**
- Oxygen therapy
- Intravenous fluids
- IV medication > bd
- Interventional Rx
- Surgery/PCI/IR

**Investigation/Observation**
- Cardiac monitoring
- Urgent endoscopy
- Toxicological sequelae

**Function**
- Diminished level of consciousness
- Acute impairment neurological/musculoskeletal in excess of home/community care provision
- Last hours of life - all admitted patients must have a TEP

Same day emergency care should always be considered - admission may be required but is seldom the default option.