

Specialty guides for patient management during the coronavirus pandemic

# Clinical guide for the management of emergency department patients during the coronavirus pandemic

17 March 2020 Version 1

**This guide is being updated to reflect changes to the case definition for COVID-19 from 18 May 2020 and will be republished soon.**

As doctors we all have general responsibilities in relation to coronavirus and for these we should seek and act upon national and local guidelines. These are constantly evolving and we should adhere to the latest advice available (which may change from the information contained in this document). Guidance from NHSI/E and PHE is being frequently updated as the national caseload and required response is evolving.

Your Trust will have an Incident Management Team in place and you will have plans on what activity continues in light of pressure on services and staffing. Please consult with your local management team. We must engage with those planning our local response. We may also need to work outside of our specific areas of training and expertise and the GMC has already indicated its support for this in the exceptional circumstances we may face: [www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus](http://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus)

## Personal protective equipment (PPE)

As frontline clinicians, it is imperative that all members of your staff understand the importance of PPE and that all guidance is made clear to them. Any clinician assessing patients **suspected or confirmed to be infected with** coronavirus should wear appropriate PPE. Please check latest guidance from Public Health England at [www.gov.uk/government/collections/wuhan-novel-coronavirus](http://www.gov.uk/government/collections/wuhan-novel-coronavirus)

This is currently a fluid resistant surgical mask, single use disposable apron and gloves and eye protection if blood and or body fluid contamination to the eyes or face is anticipated.

Currently filtering facepiece respirators (FFP3) masks are only required for coronavirus positive patients and/or suspected positive patients requiring aerosol generating procedures – this includes NIV, optiflow, intubation, open suctioning, tracheostomy, high speed drilling and bronchoscopy. Please see guidance from PHE and consult with your local infectious diseases team if in any doubt, and note that guidance on this may change.

## Categories of acute patients to consider

1. **Obligatory inpatient emergency admissions:** Continue to require admission and may require emergency management.

It will be necessary for each admission area for medical patients (AMU, ED) to create parallel systems to separate patients with respiratory symptoms from those with other clinical presentations.

### **The management of the non-respiratory cohort should:**

- aim to manage without admission
- use capacity from other specialties for whom elective work will be stepped down; especially T&O, O&G, ENT and ophthalmology as these can be rapidly streamed at the front door
- make appropriate use of staff most at risk to their own health from coronavirus.

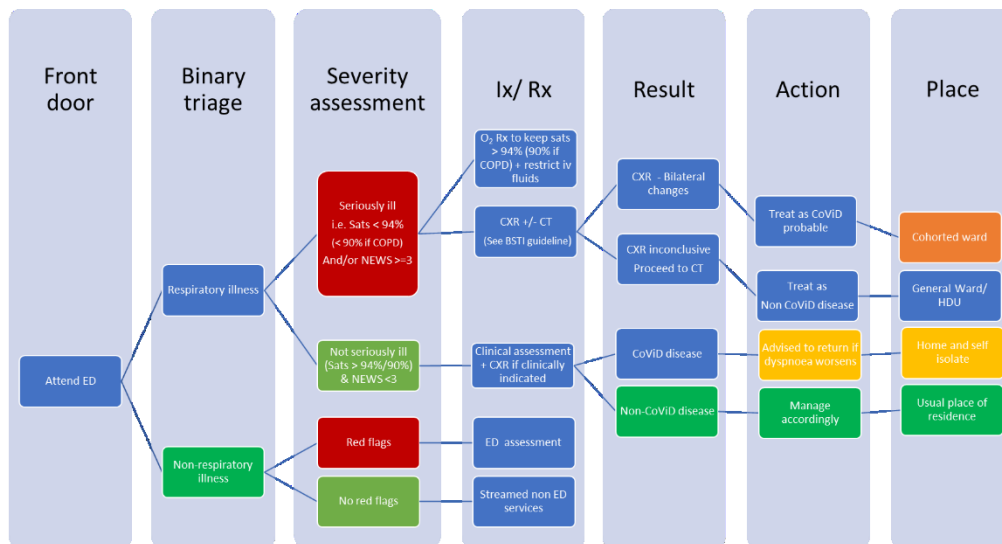
### **For the respiratory cohort, the priorities must be:**

- an environment and equipment that best safeguard the health of the staff dealing with these patients

- severity assessment of the illness
- establishing a differential diagnosis based on history, examination, haematological, biochemical and CXR findings
- judicious use of CT where this will change decision-making. Guidance from BTSI: [www.bsti.org.uk/media/resources/files/BSTI\\_COVID\\_19\\_Radiology\\_Guidance\\_version\\_2\\_16.03.20.pdf](http://www.bsti.org.uk/media/resources/files/BSTI_COVID_19_Radiology_Guidance_version_2_16.03.20.pdf)

See Figure 1 flowchart below and on next page outlining key steps in optimising the acute care pathways for all patient groups.

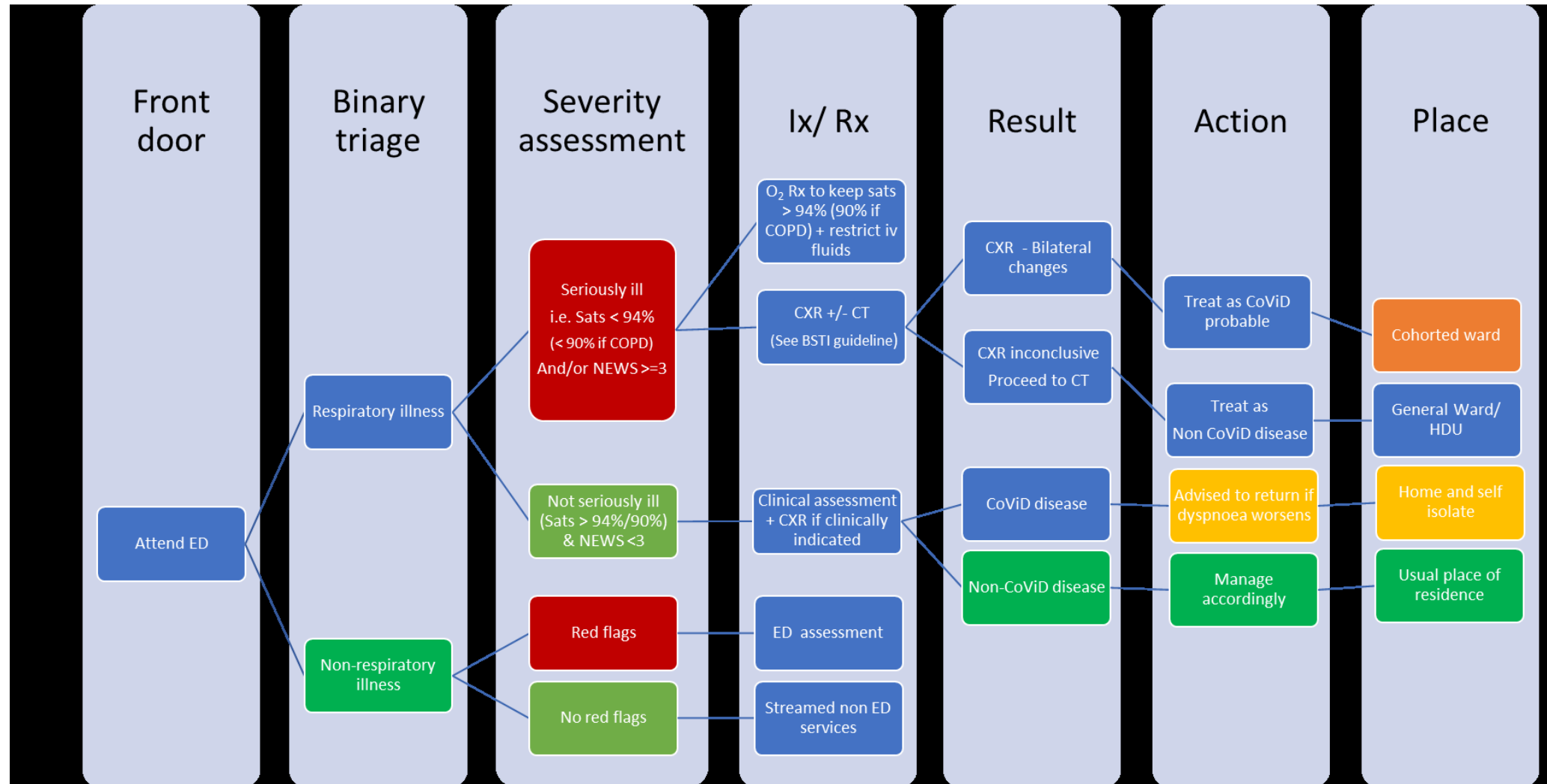
**Figure 1: Possible flowchart for ED attendances**



\*SDEC is same day emergency care

Radiology guidance is accessible at: [www.bsti.org.uk/standards-clinical-guidelines/clinical-guidelines/bsti-nhse-covid-19-radiology-decision-support-tool/](http://www.bsti.org.uk/standards-clinical-guidelines/clinical-guidelines/bsti-nhse-covid-19-radiology-decision-support-tool/)

Figure 1 enlarged: Action flowchart through ED



Patients discharged to home/usual place of residence will not be swab tested. Contact with these patients will be maintained by community home management teams. They must be advised to return to hospital if they become short of breath.

## 2. Clinical presentations not requiring admission:

(taken from same day emergency care (SDEC) guidelines, documents and expert advice from national clinical directors)

Expect **not** to admit overnight the following:

Clinical specialty	Emergencies that do not require admission
Respiratory	Pneumonia/COPD without oxygen /NIV requirement. May need initial antibiotics and assessment of response (yet may not require an overnight stay). Asthmatic with PEFR > 75% best or predicted PE without physiological compromise
CNS	Stroke with residual deficit not affecting ADLs TIA Cognitively impaired patient with minor head injury (GCS15) taking oral anticoagulation Seizure patient who has recovered
Gastro	Haemodynamically stable GI bleed Gastroenteritis taking oral fluids with normal/minimally changed U&Es
Cardiovascular	New non-ventricular dysrhythmia adequately rate controlled ? ACS without high sensitivity troponin elevation at 6hrs Syncope without ECG conduction defect, rhythm disturbance or hypotension
MSK	Patients requiring physio/analgesia alone Upper limb fracture Fracture of the lower limb except femur, tibia, calcaneum Dislocation following reduction Minor stable vertebral fractures
General surgery	Renal biliary colic in whom pain is controlled Abdominal pain with normal CT and pain controlled Abscess not showing signs of sepsis Haematuria without clot retention, hypotension or anaemia

Bacterial infection	News $\leq$ 3 with clinical decision for oral antibiotic or SDEC i.v.
Toxicology	Overdose patients with non -toxic levels or asymptomatic 6-12 hrs after ingestion (guided by ToxBase)
Other	Patients on an end of life pathway or for whom ceiling of care does not require hospitalisation

All patients in the above groups who are not admitted must receive appropriate follow up, wherever possible by telephone/video call etc.

### **Advice for patients with flu like symptoms who are not being admitted**

PHE has published clear guidelines on the first 7 days of illness:

[www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection](http://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection)

- If at any point after discharge a patient feels that;
  - They cannot cope with symptoms at home
  - Their condition is getting worse after 7 days
  - Or they feel that their symptoms (excluding cough) have not improved in 7 days.

They should seek help via the NHS 111 online coronavirus service or call 111 if they cannot access help online. If their situation is an emergency, they will need to contact 999.

Please be aware isolation guidelines may be updated as we move from Contain to Delay to Mitigate phases. [www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/](http://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/)