Guide to Clinical Evaluation of Suspected COVID patients

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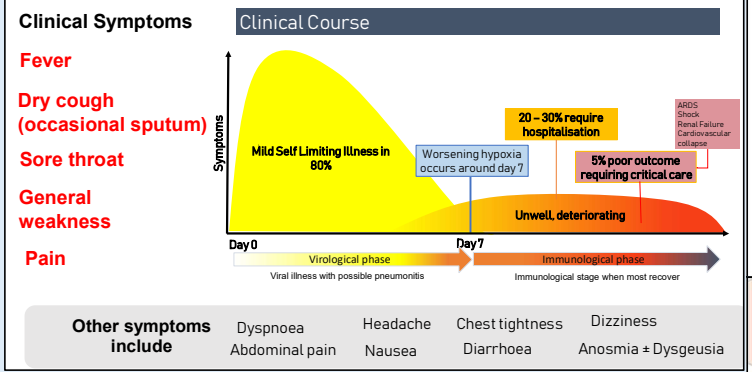
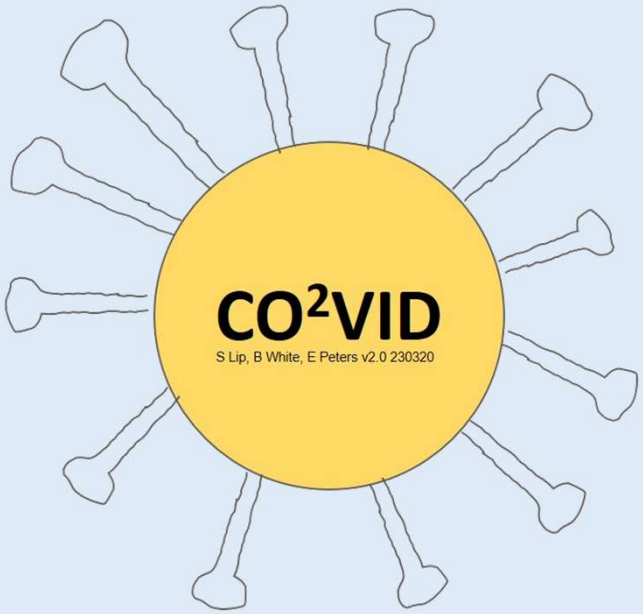
Clinical





Differential Diagnosis

- Patients are likely to have comorbidities
- Always consider other diagnoses or dual pathology including bacterial infection/sepsis

Oxygen

- **Suspected COVID pneumonia:** Target SpO2 90-94%
- **If COPD or risk of hypercapnia** Target SpO2 88-92%

Consultant review and treatment escalation plan if below these levels

DO NOT USE high flow nasal O2 or NIV out with designated locations and without respiratory consultant review/critical care recommendation

blOods

- CRP: may be raised or normal and does not reflect presence of bacterial co-infection
- Lymphopenia is common
- Transaminitis may occur
- NT Pro BNP, Troponin and D Dimer may be elevated and need to be interpreted with caution

iV Fluids

- Avoid IV fluids generally as this may exacerbate ARDS
- Avoid fluid bolus.
- If fluids are used consider slowest rate possible to maintain euvolaemia

Imaging

- CXR (typical initial presentation is bilateral peripheral ground glass opacities)
- Chest CT only if will change management

Drugs to think about in suspected COVID patients

NSAIDS

- Review the indication.
- The evidence base for adverse outcome remains unclear. If not required for clear clinical indications then use an appropriate alternative. e.g. paracetamol

Antibiotics

- **Most patients do not require antibiotics**
- **Cough with purulent sputum and normal CXR :**

Doxycycline or Amoxicillin (5 days) or Azithromycin 500mg (3 days)

- **Pneumonia (community or hospital onset)**
  - Follow existing NHS GGC CAP guidelines
  - **Suspected Hospital acquired pneumonia:**
    - Non-severe: Doxycycline 100mg 12 hourly or Co-trimoxazole 960mg 12 hourly (5 days).
    - Severe: Co-amoxiclav (+ Gentamicin) or *Levofloxacin (if penicillin allergy)* and review.
- **Remember QTc (macrolides, quinolones) and drug interactions (doxycycline, macrolides).**
- **Remember IVOST when improving.**

Steroids

- IECOPD: use prednisolone 25mg OD for 5 days
- Do not stop steroids in patients on long term steroids and increase as required

ACE inhibitors (*Drugs ending '-pril'*) ARB (*Drugs ending '-sartan'*)

- There is no current evidence that these drugs or stopping them alters COVID outcomes
- Do not stop these drugs unless
  - haemodynamic upset (e.g if SBP<20mmHg less than usual)
  - AKI (serum Creatinine >30% higher than 'baseline')