Guideline scope

COVID-19 rapid guideline: interstitial lung disease

1 Clinical question

How should care be provided for the clinical areas identified for patients with confirmed COVID-19, suspected COVID-19 or without COVID-19?

2 What the guideline will cover

2.1 Who is the focus?

Adults with interstitial lung disease.

2.2 Activities, services or aspects of care

Key areas that will be covered

For each of the clinical areas where guidance is developed, we may look at areas including, but not limited to:

1. General measures to reduce exposure (of staff and patients) to infection.
2. Triage and prioritising treatment.
3. Areas of the patient pathway (home to hospital, for example) for which management will be different due to the COVID-19 pandemic.
4. Deployment of other non-specialist trained staff to deliver services if workforce capacity is reduced.

For the guidelines covering critical care only, the areas may specifically include:

5. Decision making for critical care.

See appendix A for details of the key themes and questions.
Key areas that will not be covered
2. Service delivery.
3. Specific guidance on the training requirements for staff to deliver care if workforce capacity is reduced.

2.3 Principles of identifying where guidance is required and developing this guidance
1. Assess the standard patient pathway and identify areas of deviation due to the COVID-19 pandemic.
2. Curate any existing guidance on the specific clinical area that deviates from the standard care pathway and collate it in an accessible format.
3. Search for evidence to inform practice if there is no guidance, or there is uncertainty, on the clinical area that deviates from the standard care pathway.
4. Identify what people need to stop doing, start doing and do more of as a result of the COVID-19 pandemic that is different from standard clinical practice.
Appendix A Proposed key themes and key questions for the guideline

Interstitial lung disease (wave 8)

| Population | Adults with interstitial lung disease, including (but not limited to) those with:
|            | - idiopathic pulmonary fibrosis
|            | - sarcoidosis (pulmonary and extrapulmonary)
|            | - hypersensitivity pneumonitis (acute and chronic)
|            | - idiopathic non-specific interstitial pneumonitis
|            | - cryptogenic organising pneumonia
|            | - connective tissue disease-related interstitial lung disease (see [NHS England’s Interstitial lung disease (adults) service specification](https://nhsengland.nhs.uk/clinical-guidance/diseases-and-infections/interstitial-lung-disease/)) |

| Key themes to include | - Patients with interstitial lung disease should follow existing government advice about shielding (with link to more detailed information from the British Thoracic Society if appropriate).
|                      | - Managing idiopathic pulmonary fibrosis and other interstitial lung diseases (including pulmonary and extrapulmonary sarcoidosis) in the context of COVID-19, including:
|                      |   - how to manage new and existing patients
|                      |   - safely managing investigations (lung function tests, CT scans)
|                      |   - multidisciplinary team review of clinical information (history, lung function tests, radiology, pathology)
|                      |   - oxygen assessments
|                      |   - drug monitoring (antifibrotics and immunosuppressants)
|                      |   - pulmonary rehabilitation (signposting to online tools and written sources)
|                      |   - starting immunosuppressants and antifibrotics.
|                      | - Referrals for lung transplant consideration. |

| Themes to exclude | - Children and young people.
|                  | - Specific treatment regimens for disease management.
|                  | - Staff training or requirements. |

| Key questions | Shielding:
|               | - Which interstitial lung disease patients should shield?
|               | In the context of COVID-19:
|               |   - What deviations from standard care and services may be necessary?
|               |   - How should new patients be managed (for example multidisciplinary teams, virtual clinics, diagnostic tests and investigations) and what needs to be considered when deciding what therapy to start? |
- How should existing patients be followed up? What advice should be given to existing patients about their medication (whether to continue, stop or reduce)?
- What treatments should be discontinued if a patient is known or suspected to have COVID-19?
- If treatment (for example immunosuppressants) is stopped because of active COVID-19, when can it be restarted?
- How can treatment be modified (such as stopping treatment, reducing doses) to reduce infection risk without leading to a flare of disease?
- Is it safe to increase the time interval between monitoring requirements (blood monitoring and lung function tests)? Can lung function tests be monitored remotely?
- Can oxygen assessments continue to be performed safely (new patients and patients needing their oxygen prescription reviewed)?
- How can pulmonary rehabilitation be carried out safely during the pandemic?

Lung transplant:
- Should patients continue to be referred for lung transplant consideration?

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