

Specialty guides for patient management during the coronavirus pandemic

Reference guide for emergency medicine

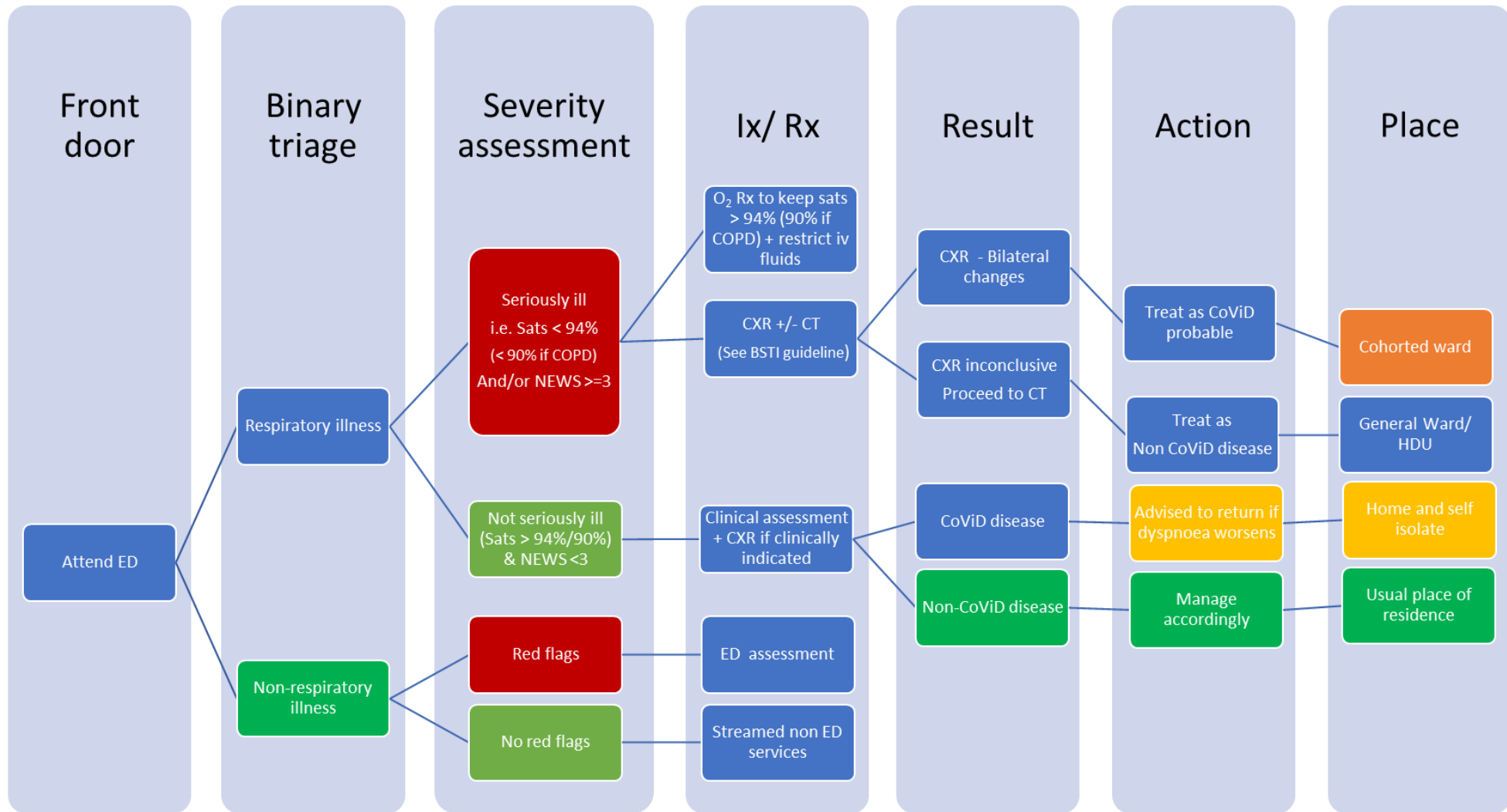
November 2020

These charts, checklists, tools and care record are collated from NHS England and NHS Improvement publications, for ease of reference in assisting and informing how each trust can respond to the current challenges relating to COVID-19.

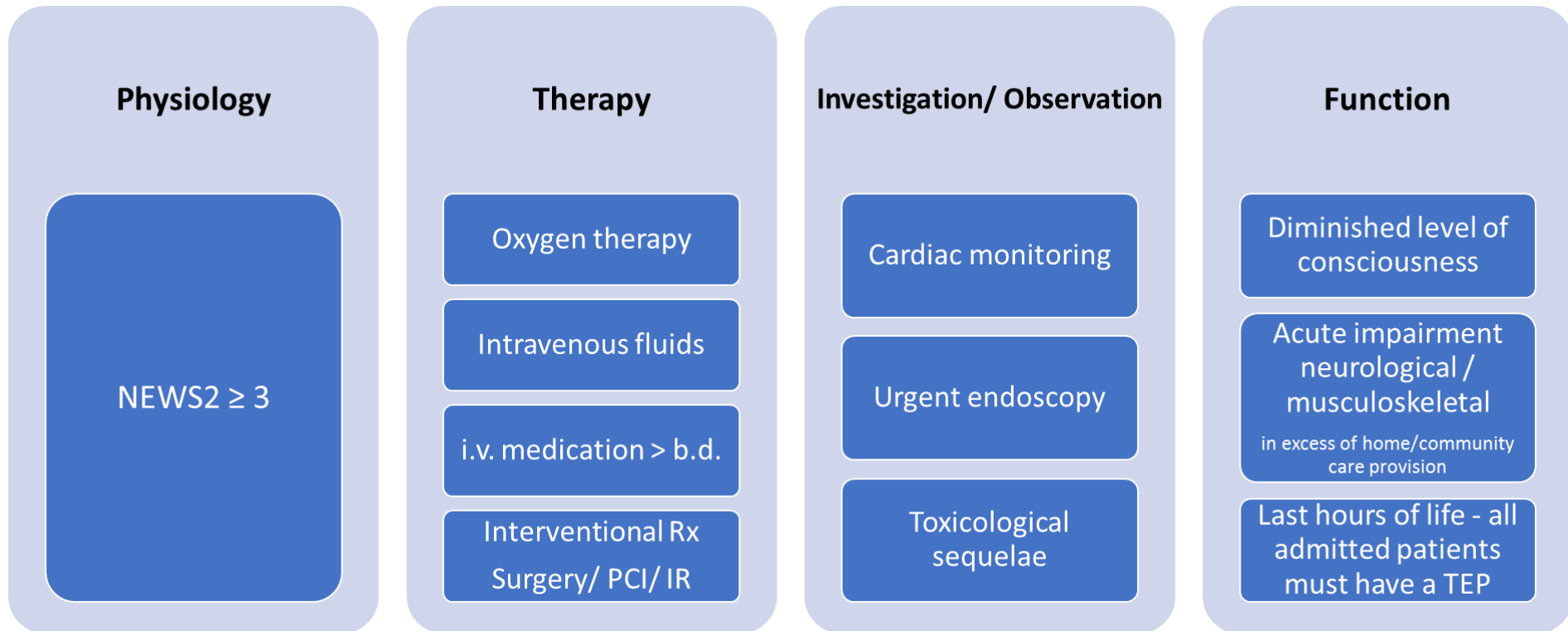
They were not created to be comprehensive and local adaptation to reflect local circumstances and increasing understanding of the disease is assumed. They do however provide clear guidance on a cohesive revised approach to:

1. Which patients should/should not be conveyed to hospital?
2. Emergency department approach to streaming during the COVID-19 pandemic
3. Emergency department/AMU patient admission criteria for COVID-19 and non-COVID-19 patients
4. Emergency department documentation for suspected COVID-19 patients
5. Radiology guidelines for COVID-19 patients
6. Same-day emergency care 'must do/priorities'
7. Discharge of inpatients – reasons to reside in an acute hospital bed

Possible flowchart for ED attendances

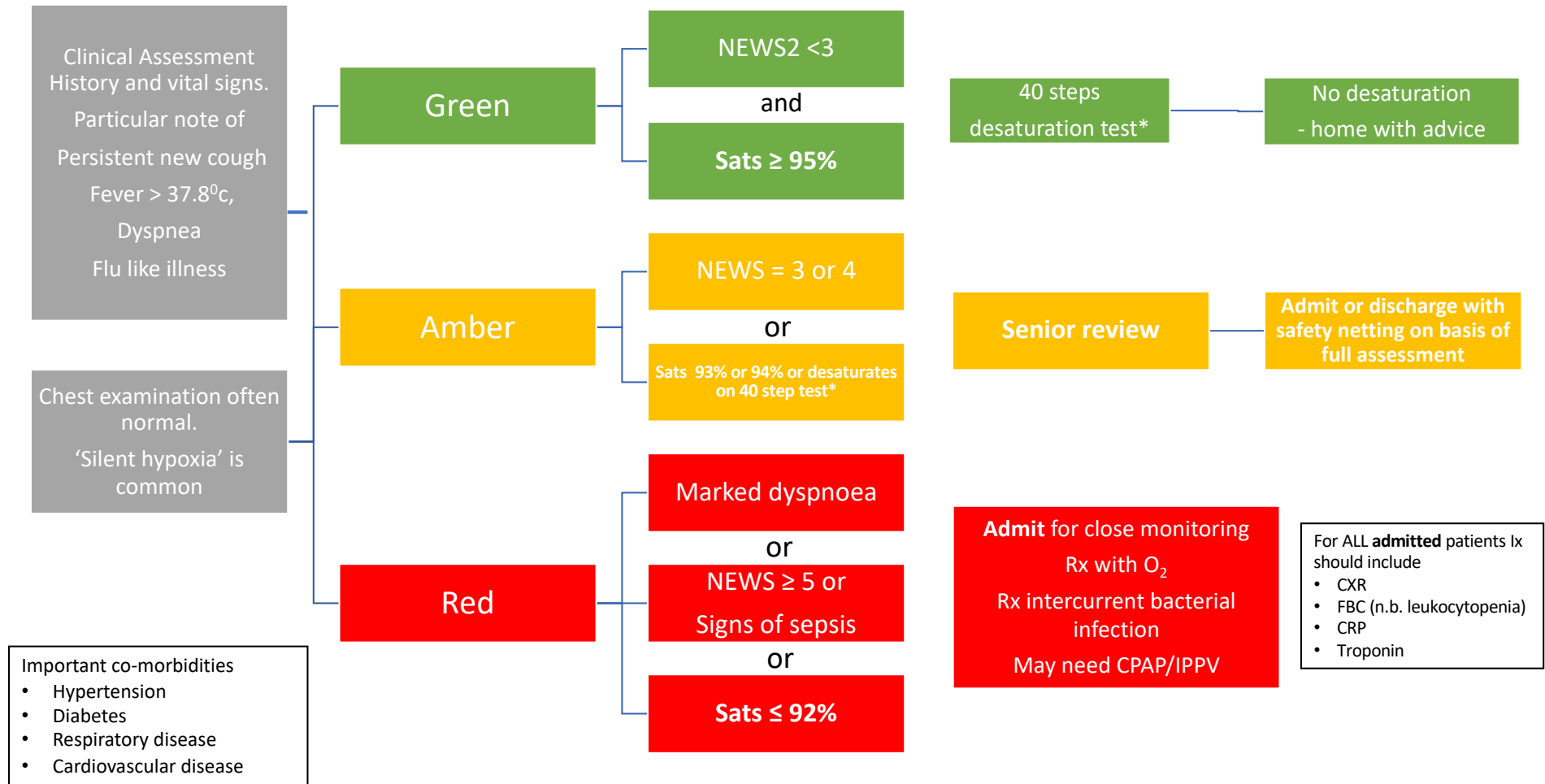


Reason to admit (to an acute hospital) checklist



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

ED/AMU coronavirus assessment tool



Emergency department COVID-19 care record



Emergency Department COVID-19 Care Record

Patient name:	AFFIX LABEL	Date:	Time of arrival:
Date of Birth		Named nurse:	
NHS Number		Clinician:	

Nursing assessment	Investigations: (tick when done)
	Requested (initials) Done (initials)
	Blood panel <input type="checkbox"/> <input type="checkbox"/>
	Blood cultures <input type="checkbox"/> <input type="checkbox"/>
	CXR <input type="checkbox"/> <input type="checkbox"/>
	ABG/VBG <input type="checkbox"/> <input type="checkbox"/>
	ECG <input type="checkbox"/> <input type="checkbox"/>
	Viral swabs <input type="checkbox"/> <input type="checkbox"/>
	Pregnancy test <input type="checkbox"/> <input type="checkbox"/>
CT/POCUS <input type="checkbox"/> <input type="checkbox"/>	
Name:	Time:


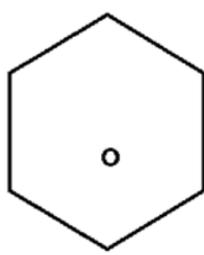
Vital signs:
T: °C HR: /min BP / mmHg RR /min SpO₂ % (O₂) BM mmol NEWS2

Focussed history

Respiratory	GI	Cardiac	Neurology
<input type="checkbox"/> Cough	<input type="checkbox"/> Nausea	<input type="checkbox"/> Cardiac chest pain	<input type="checkbox"/> Headache
<input type="checkbox"/> Breathless	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Focal neuro symptoms	<input type="checkbox"/> New confusion
<input type="checkbox"/> Coryzal	<input type="checkbox"/> Diarrhoea	General	
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Abdo pain	<input type="checkbox"/> Myalgia	
<input type="checkbox"/> Pleuritic chest pain		<input type="checkbox"/> Loss of taste or smell	
<input type="checkbox"/> Fever			

History (Free text)	Onset of symptoms:
Immunosuppression/compromise Y/N	Details:

Medications	Allergies and Adverse Drug Reactions-List the medications or substances and the nature of the reaction (write NKDA if none)		
	It is mandatory to complete this section		
	Medicine/substance	Reaction	
	Sign (Name)	Date	
Allergy status unconfirmed	Sign (name)	Date and time	

Examination	
Heart sounds:	
 	
GCS E /4 M /6 V /5 Total /15	CXR Findings:
Lateralisng neuro signs: Y/N	ECG:

Primary Diagnosis
COVID -19 Likely <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/>
Other (please specify):
Secondary diagnoses/problems
1.
2.
3.
4.
5.

Date	Time	Drug	Dose	Route	Prescriber (sign/name)	Given by	Time
		Paracetamol	1g				

Oxygen prescription

Date:	Time:	Date:	Time:	Date:	Time:	Date:	Time:
Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....	
Device:		Device:		Device:		Device:	
Starting flow rateL/min		Starting flow rateL/min		Starting flow rateL/min		Starting flow rateL/min	
Maximum flow rateL/min		Maximum flow rateL/min		Maximum flow rateL/min		Maximum flow rateL/min	
Sign (Name)		Sign (Name)		Sign (Name)		Sign (Name)	
A Air N nasal cannulae V Venturi (state %)	SM Simple Mask NRBM Reservoir mask	CPAP Patient on CPAP NIV Patient on NIV					

Results

Gases	Time					
Arterial or venous						
pH						
pO2 (kPa)						
pCO2 (kPa)						
Lactate						
BE						
FI02 or L/min						
If first CO2 normal monitor using SpO2 only unless marked clinical deterioration						
Test	Result	Reviewed by	Features suggestive of Covid -19			
Sodium			May be elevated			
Potassium			May be elevated			
Urea			Normal (elevated with bacterial 2ry infection)			
Creatinine			May be elevated if myocarditis			
ALT			Markedly elevated			
Bilirubin			May be elevated			
Procalcitonin			May be elevated			
Troponin			Markedly elevated			
CRP			May be elevated			
Amylase						
Haemoglobin						
WCC (total)			decreased			
Lymphocyte count			decreased			
Neutrophil count						
Platelets						
PT						
APTT						
Pregnancy test						
D dimer						
LDH						

Senior Review

Signed (Name)

Grade:

Situation: Likely diagnosis

Background:

Assessment:

Recommendation:

Time

Palliative treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen and supportive treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory Support (not suitable for escalation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory Support (consider intubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care escalation plan: (tick all appropriate boxes)

Date and time:

DNACPR Highest level of care appropriate Ward HDU ICU

Decision made by: _____ (Name) _____ (Grade) _____ (Signed)

Review: Date and time

DNACPR Highest level of care appropriate Ward HDU ICU

Decision made by: _____ (Name) _____ (Grade) _____ (Signed)

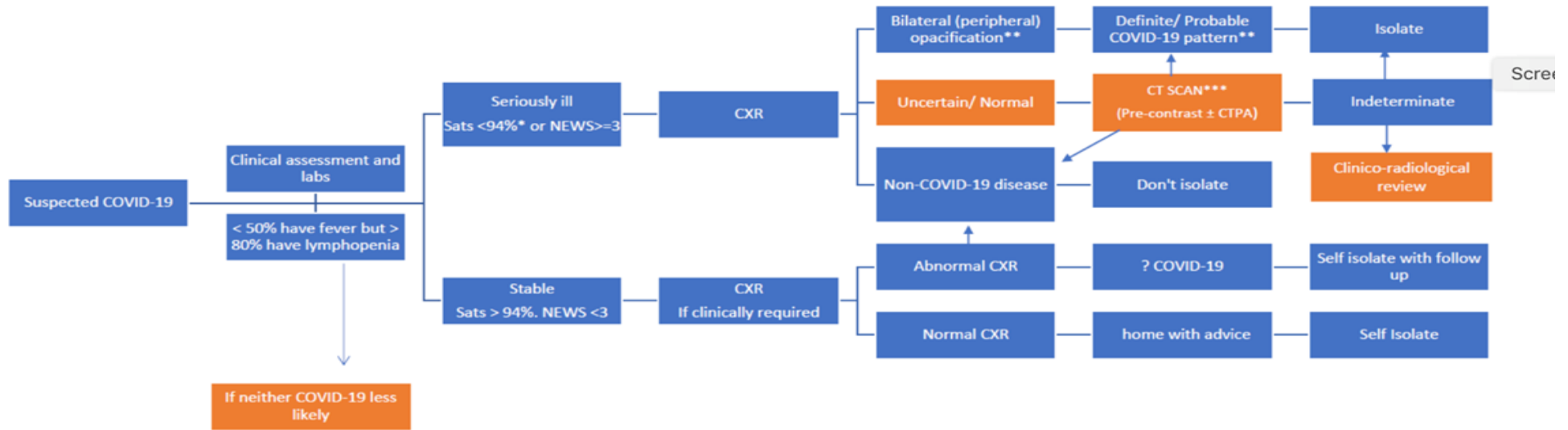
Respect/Equivalent form completed Patient/relatives aware Yes / No

Comorbidities

Obtain Comorbidity score

1 each for:	2 each for:
<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Hemiplegia/paraplegia
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Renal disease
<input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Diabetes with complication
<input type="checkbox"/> Dementia	<input type="checkbox"/> Malignancy (no metastasis)
<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Leukaemia/Lymphoma
<input type="checkbox"/> Chronic lung disease	
<input type="checkbox"/> Connective tissue disease	3 each for
<input type="checkbox"/> Peptic ulcer disease	<input type="checkbox"/> Mod/severe liver disease
<input type="checkbox"/> Mild liver disease	
<input type="checkbox"/> Diabetes (no complications)	6 each for
<input type="checkbox"/> Rheumatological disease	<input type="checkbox"/> AIDS (excluding asymptomatic HIV)
	<input type="checkbox"/> Metastatic solid tumour

Radiology decision tool for patients with suspected COVID-19



*94% unless known COPD in which case <90%

** Unsuspected/ unexpected cases may be incidentally discovered on CXR/ CT at this stage; should be reviewed in the context of clinical suspicion as to likelihood of COVID-19.

***Classic and Indeterminate CTs should be scored either: 'mild' or 'moderate/severe'

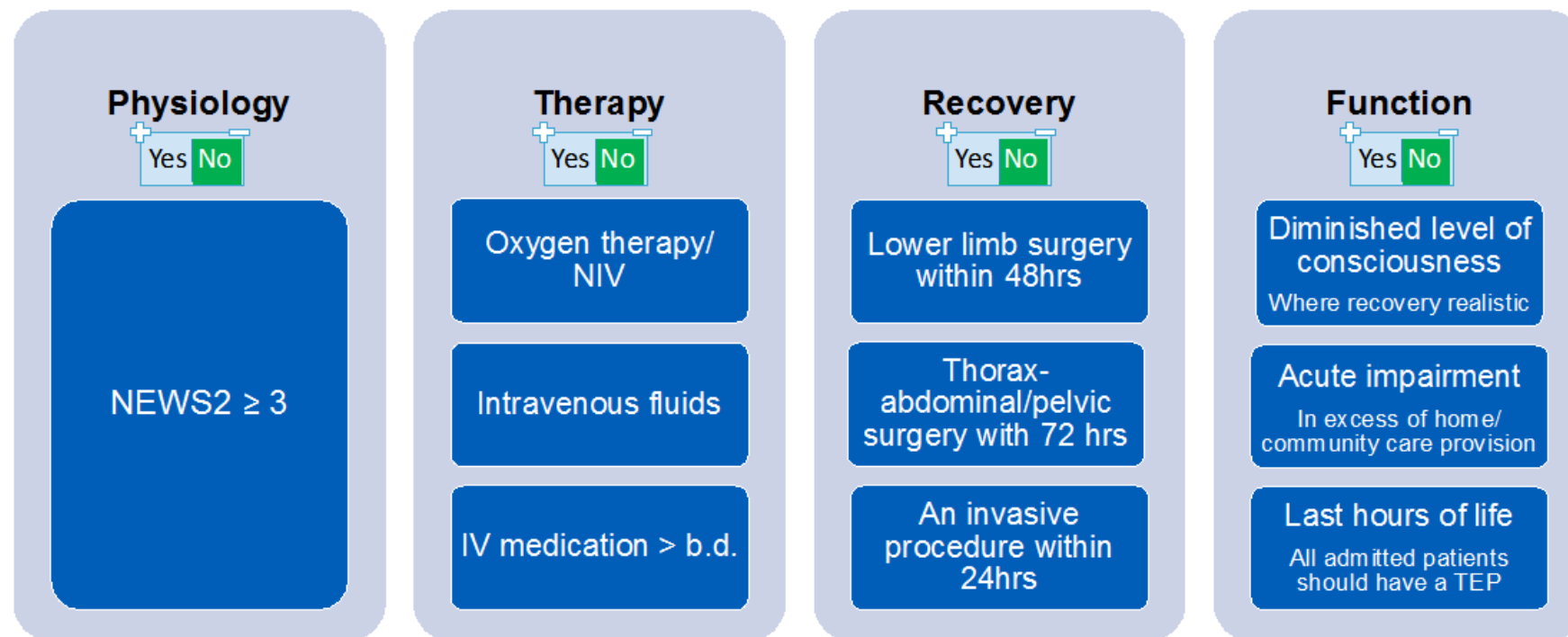
Please upload all COVID 19 cases to BSTI database: <https://www.bsti.org.uk/training-and-education/covid-19-bsti-imaging-database/>



Same-day emergency care priorities

Clinical specialty	Emergencies that do not require admission
Respiratory	Pneumonia/chronic obstructive pulmonary disease (COPD) without oxygen/NIV requirement May need initial antibiotics and assessment of response (yet may not require an overnight stay) Asthmatic with peak expiratory flow rate (PEFR) over 75% best or predicted Pulmonary embolism without physiological compromise
Central nervous system	Stroke with residual deficit not affecting activities of daily living Transient ischemic attack Cognitively impaired patient with minor head injury (GCS15) taking oral anticoagulation Seizure patient who has recovered
Gastrointestinal	Haemodynamically stable gastrointestinal bleed Gastroenteritis taking oral fluids with normal/minimally changed urea and electrolytes
Cardiovascular	New non-ventricular dysrhythmia adequately rate controlled Acute coronary syndrome without high sensitivity troponin elevation at 6 hours Syncope without electrocardiogram (ECG) conduction defect, rhythm disturbance or hypotension
Musculoskeletal	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	National Early Warning Score (NEWS) 3 or less with clinical decision for oral antibiotic or same-day emergency care intravenous
Toxicology	Overdose patients with non-toxic levels or asymptomatic 6 to 12 hours after ingestion (guided by ToxBase)
Other	Patient on end-of-life pathway or for whom ceiling of care does not require hospitalisation

Reason to reside – a checklist for acute hospital beds



Every patient on every general ward should be reviewed on a twice daily board round using the checklist above. If the answer to each question is 'No', active consideration for discharge to a less acute setting must be made.

Update information

November 2020: hyperlinks in this document were updated when the suite of guidance was moved from NHS England to NICE.

22 April 2020: minor updates, version 5 published.