NHS

Specialty guides for patient management during the COVID-19 pandemic

Clinical guide for the management of emergency department patients during the COVID-19 pandemic

November 2020, revised May 2021

These charts and tools 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. This guide aims to outline admission pathways in emergency departments during the coronavirus pandemic for adult patients with suspected or confirmed COVID-19 and those with other clinical presentations.
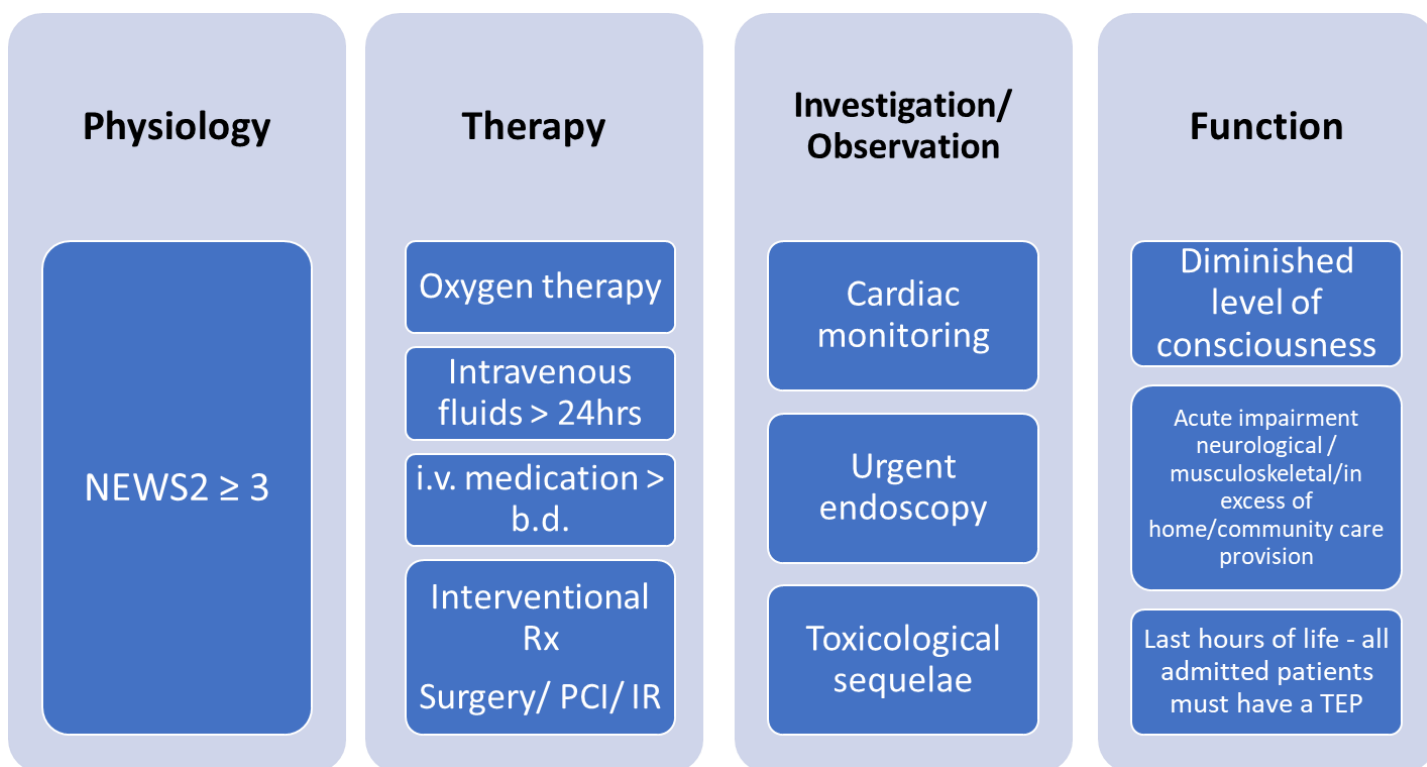
General principles

As frontline clinicians, it is imperative that all members of your staff understand the importance of personal protective equipment (PPE) and that all guidance is made clear to them. Any clinician assessing patients suspected or confirmed to be infected with COVID-19 should wear appropriate PPE. Please check the latest Public Health England COVID-19: guidance for health professionals.

It will be necessary in each admission area for medical patients (acute medical unit [AMU], emergency department [ED]) to create parallel binary triage systems to separate patients with suspected or confirmed COVID-19 from those with other clinical presentations.

Use same day emergency care where appropriate (see NHS England's guide to same day emergency care). All patients who are not admitted must receive appropriate follow up. Consider use of remote methods for follow up (for example, by telephone or video call) where appropriate.

Use the reason to admit checklist (see figure 1) to guide management.

Figure 1. Reason to admit checklist

Physiology	Therapy	Investigation/ Observation	Function
NEWS2 ≥ 3	Oxygen therapy	Cardiac monitoring	Diminished level of consciousness
	Intravenous fluids > 24hrs	Urgent endoscopy	Acute impairment neurological / musculoskeletal/in excess of home/community care provision
	i.v. medication > b.d.	Toxicological sequelae	Last hours of life - all admitted patients must have a TEP
	Interventional Rx Surgery/ PCI/ IR		

Management of emergency department patients without suspected or confirmed COVID-19

The management of patients without suspected or confirmed COVID-19 should:

- aim to manage the condition without admission to a hospital bed
- make appropriate use of staff most at risk to their own health from COVID-19.

Management of emergency department patients with suspected or confirmed COVID-19

For patients with suspected or confirmed COVID-19, the priorities must be:

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

- establishing a differential diagnosis based on history, examination, haematological, biochemical and chest X-ray (CXR) findings
- appropriate use of rapid point of care testing for patients with suspected COVID-19.

See figure 2 for a flowchart to guide management of suspected or confirmed COVID-19 in emergency department patients.

Some people with suspected or confirmed COVID-19 who are not being admitted to hospital may be considered appropriate for out of hospital care (including use of oximetry at home and virtual ward care) (figure 2).
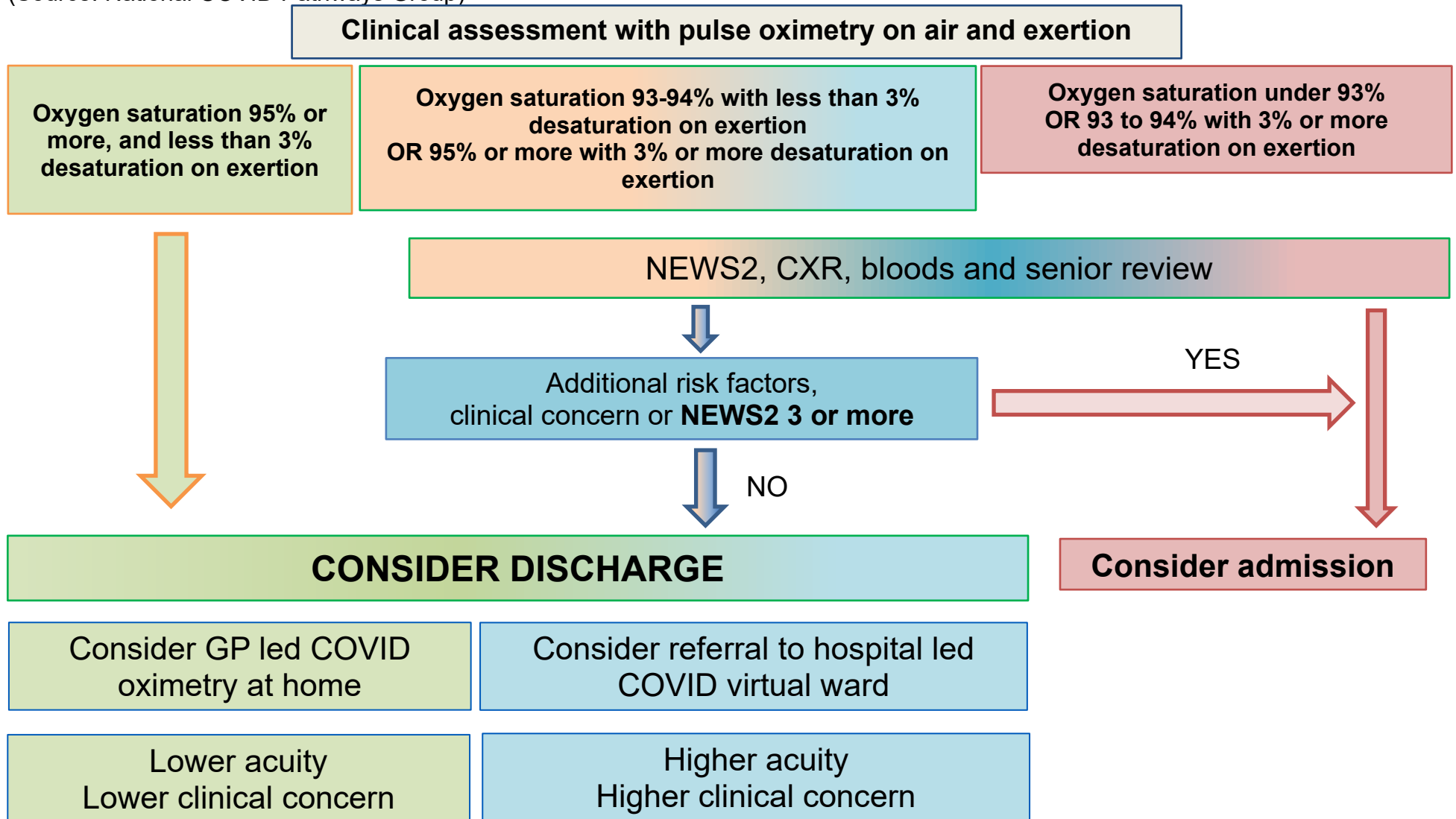
Resources to support the use of COVID-19 oximetry at home are available (including NHS guidance on pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings and COVID oximetry at home).

People with suspected or confirmed COVID-19 who are isolating at home and may or may not be receiving out of hospital care (such as oximetry at home or virtual ward care) and those caring for them should be provided with information on what to do and who to contact for additional support if their condition worsens (see NICE's COVID-19 rapid guideline on managing COVID-19 for recommendations on communication and shared decision-making). See also NHS guidance on suspected coronavirus (COVID-19): important information to keep you safe while isolating at home.

For information on assessment and clinical management of suspected or confirmed COVID-19 see NICE's COVID-19 rapid guideline on managing COVID-19.

Figure 2. Flowchart for management of suspected or confirmed COVID-19 in emergency department patients

(Source: National COVID Pathways Group)

Clinical assessment with pulse oximetry on air and exertion

Oxygen saturation 95% or more, and less than 3% desaturation on exertion

Oxygen saturation 93-94% with less than 3% desaturation on exertion
OR 95% or more with 3% or more desaturation on exertion

Oxygen saturation under 93% OR 93 to 94% with 3% or more desaturation on exertion

NEWS2, CXR, bloods and senior review

Additional risk factors, clinical concern or **NEWS2 3 or more**

YES

NO

CONSIDER DISCHARGE

Consider admission

Consider GP led COVID oximetry at home

Consider referral to hospital led COVID virtual ward

Lower acuity
Lower clinical concern

Higher acuity
Higher clinical concern

Update information

May 2021: 'Clinical guide for the management of emergency department patients during the coronavirus pandemic' and 'Reference guide for emergency medicine' updated and merged to create this document.

November 2020: hyperlinks in the 'Clinical guide for the management of emergency department patients during the coronavirus pandemic' and 'Reference guide for emergency medicine' were updated when the suite of guidance was moved from NHS England to NICE.

22 April 2020: minor updates to the 'Reference guide for emergency medicine', version 5 published.

17 March 2020: version 1 of the 'Clinical guide for the management of emergency department patients during the coronavirus pandemic' published.