Guide to Clinical Evaluation of Suspected COVID patients

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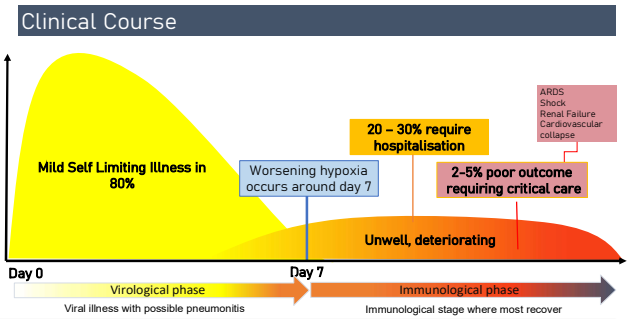
NHS Greater Glasgow and Clyde

Clinical

Clinical Symptoms

- Dry cough (occasional sputum)
- Fever
- Dyspnoea
- Fatigue / Myalgia
- Confusion

High rates of atypical presentations in the elderly including delirium



Other symptoms include Vomiting, Abdominal pain, Headache, Nausea, Chest tightness, Diarrhoea, Dizziness, Anosmia ± Dysgeusia

Oxygen

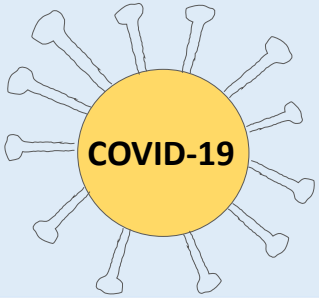
- **Suspected COVID pneumonia:** Target SpO2 90-94%
- **If COPD or risk of hypercapnia** Target SpO2 88-92%

Consider proning for ward patients with an oxygen requirement

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



Imaging

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

Differential Diagnosis

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

Treatment Escalation Plan (TEP) required for all suspected COVID patients

Drugs to think about in suspected COVID patients

VTE Prophylaxis

- The risk of VTE is increased
- Ensure VTE prophylaxis prescribed unless contraindicated
- Refer to **Thromboprophylaxis in COVID-19 Patients (NHSGGC Guidelines)**

Dexamethasone /Steroids*

Dexamethasone 6mg daily is indicated if

1. COVID suspected or confirmed

And

2. Supplemental 02 required

And

3. Adult (In pregnancy use 40mg prednisolone or IV hydrocortisone 80mg bd)

- Duration 10 days (stop if alternative diagnosis or discharged before this)
- Check blood glucose 4x daily

* Refer to NHS GGC Therapeutics Handbook

Remdesivir*

- Antiviral treatment for severe cases only (SpO2 ≤ 94% on room air or requiring supplemental oxygen or ventilatory support)
- Discuss with senior colleague/pharmacy

* Refer to NHS GGC Therapeutics Handbook

ACE inhibitors or ARB AND FLUIDS

(Drugs ending '-pril' or '-sartan')

- Patients may be dehydrated due to insensible losses whilst febrile and may need IV fluids.
- Do not stop these drugs unless
  - haemodynamic upset (e.g. if SBP >20mmHg lower than usual)
  - AKI (serum Creatinine >30% higher than 'baseline')

Antibiotics

- Most patients do not require antibiotics
- **Infective Exacerbation COPD with purulent sputum :**
  - Doxycycline 200mg stat then 100mg daily or oral Amoxicillin 500mg 8hrly (5 days total)
- **Suspected Bacterial Pneumonia:**
  - Follow NHS GGC CAP guidelines however **DO NOT ADD clarithromycin unless on Micro/ID/Resp advice**
  - Oral Doxycycline may be used for atypical cover if required
- **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. (usually 5 days)
- **Remember:**
  - QTc (levofloxacin), Drug interactions (doxycycline, levofloxacin)
  - IVOST when improving

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COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid-19 Guide to Clinical Evaluation of Suspected COVID patients

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.