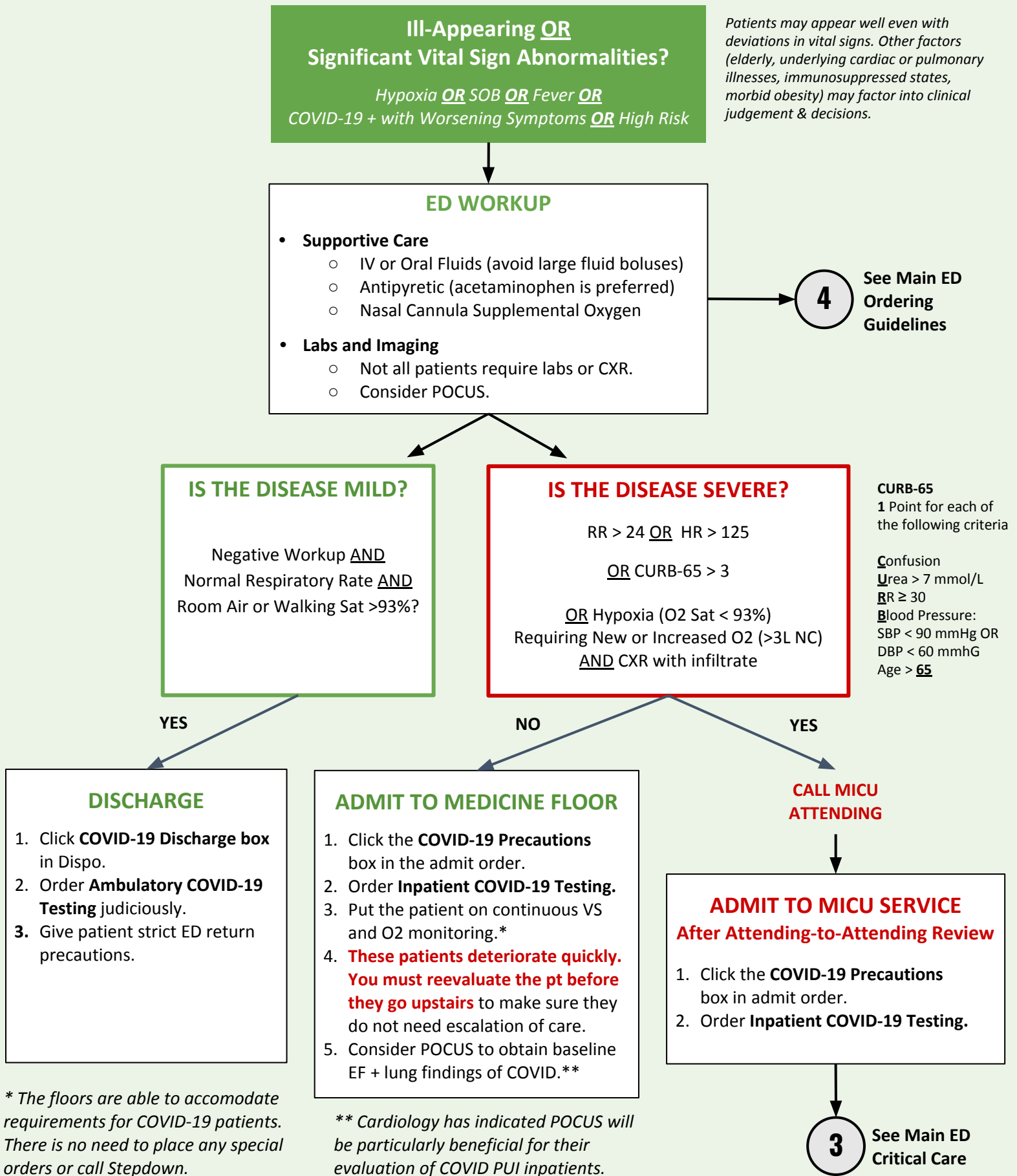


For more info, see the [Upfront Triage Guidelines](#).

These guidelines were updated on 3/27/20 and apply to the YNHH York Street Campus, St. Raphael's Campus, and Shoreline Emergency Departments.



Is the Disease Severe?RR > 24 OR HR > 125 OR CURB-65 > 3OR Hypoxia (O2 Sat < 93%) Requiring New or Increased O2 (>3L NC) AND CXR with infiltrate**Attending to Attending MICU Conversation**

Stable for Floor

ADMIT TO MEDICINE FLOOR

1. Click the **COVID-19 Precautions** checkbox in the admission order.
2. Order **Inpatient COVID-19 Testing**.
3. Continuous pulse ox and VS monitoring.*
4. **Re-evaluate frequently for signs of deterioration.**

ADMIT TO MICU SERVICE & RESUSCITATE

* The floors are able to accommodate this requirement for COVID-19 patients. There is no need to place any special orders or call Stepdown.

Put on Full PPE

CAPR for Intubator or
Brand New N95 + Face Shield +
Hair Net + Impermeable Gown +
Double Gloves + Shoe Covers

AIRWAY

- **Consider Early Intubation.**
 - Can trial up to 5L NC with facemask covering it.
 - If fails 5L NC, use NRB. Escalate to NRB at any time.
 - **DO NOT** delay intubation.
- **Avoid NIPPV, HFNC, Venti or Neb Masks** when possible. These are aerosolizing.
- **Use RSI & Video Laryngoscopy** when possible. Avoid BVM for preox. If BVM needed, use low tidal volumes with filter.
- **Use a Negative Pressure Room** if possible.
- **Perform all other procedures while in the room** (OG, central line, ABG).

BREATHING (VENT)

- **Vent Settings: ARDSnet Protocol**
 - Low tidal volumes
 - Higher PEEP (15-20 mmHg if needed)
 - Refer to *YNHHS High Peep Protocol*
- **Neb:** Use MDI with spacer for non-intubated pts if needed. For intubated pts, consider aerosolized adaptor for nebs.

CIRCULATION

- **Fluids: Avoid large fluid boluses.**
- **Pressors:** Consider early pressors for hypotensive patients (levophed 1st, vasopressin 2nd).
- **Central Access:** Left IJ is preferred CVC site. Confirm fluid needs and CVC placement with Ultrasound. Consider peripheral pressors if patient is too dyspneic / hypoxic to lie flat for CVC placement.
- **If known COVID+: chloroquine or hydroxychloroquine usage?**
 - prolonged Qtc, wide QRS
 - arrhythmias & neuro symptoms
 - hypotension
 - epinephrine 0.25 mcg/kg/min
 - diazepam 2 mg/kg for seizure
 - treat hypokalemia

Refer to [COVID ED Airway and Respiratory Care Guidelines](#) for more information.

These guidelines were updated on 3/29/20 and apply to the YNH York Street Campus, St. Raphael's Campus, and Shoreline Emergency Departments.

LABORATORY TESTS

Regular ED Sepsis Labs

- CBC
- BMP
- LFTs
- UA
- CG4
- Blood and Urine Cultures
- EKG

Presentation-Specific Labs

- Troponin or D-Dimer*

* May be confounders if low clinical suspicion.

IMAGING

Chest X-Ray

- Use clinical judgement.
- COVID likely + O2sat > 93% → **No XR**
- O2sat < 93%, complicated disease suspected or for procedural confirmation → **Portable XR**

CT or CTA Chest

- Suspect other disease process
- Not for COVID eval.

Note: avoid imaging if possible to conserve PPE and prevent contamination. May use POCUS.

Typical Findings

Bilateral patchy opacities
Ground glass infiltrates

Atypical Findings

Unilateral disease
Pleural effusion

ANDKnown COVID-19 Positive,
Admitted or Sick Patients

CRP	Troponin
Procalcitonin	D-Dimer
Ferritin	HIV-1/HIV-2 Ab/Ag
LDH	Cytokine panel
PT/PTT	Fibrinogen
	ABG

Refer to the [Lab Observations Document](#) for more info.

Maximize POC Ultrasound to Avoid Exposures

Consider POCUS in admitted, sick or deteriorating patients.

- **Lung:** pleural thickening (line looks thick)
bilateral patchy B lines
subpleural consolidations / larger consolidation
- **Echo:** decreased EF (pre-existing or new)
- **IVC:** fluid guidance
- **Procedures:** peripheral & central access (must use probe cover)
performance & confirmation prior to portable CXR
- **Exposure:** clean probes and touched surfaces with purple-top wipes.
- **Potential Aerosolization:** take off unnecessary items, use probe cover, wipe down whole machine with purple-top Sani-wipes.