EM Oldham

NHS
Oldham Care Organisation
Northern Care Alliance NHS Group

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COVID-19 Management and Discharge Guidance

Probable COVID-19 Symptoms

Pneumonia (clinical or radiological evidence) **OR** ARDS **OR** Influenza-like illness, new onset of persistent cough, loss of taste or smell, Temp >37.8

Observations

Criteria for early discharge if all of:

- Sats ≥ 94%
- NEWS2 < 3
- Ambulatory oxygen saturations ≥ 92% (or ≥ 88% with known T2RF)
- No other reason for hospital admission

Assess in adult respiratory area if:

- Sats 88 - 94% on air OR
- NEWS2 3 - 6

Assess in Respiratory Resus/High acuity area if:

- Sats < 88% on air OR
- NEWS2 ≥ 7

Investigations

- CXR
- Bloods including ABG if hypoxic/dyspnoea
- Consider USS thorax if trained and CXR equivocal
- Consider CT Chest if CXR equivocal

Oxygen via nasal cannula / non-rebreather mask if hypoxic

Don't forget to treat SEPSIS and alternative diagnoses

- Aim for sats 92-96% (or 88-92% if known T2RF)
- Aim for neutral fluid balance
- Consider antibiotics for CAP as per antibiotic policy
- If suspected or confirmed Covid then give Dexamethasone 6 mg IV or if pregnant or breastfeeding then give Prednisolone 40mg OD or Hydrocortisone 80mg BD

Send home with isolation and safety netting advice

Consider oral antibiotics for community acquired pneumonia as per antibiotic policy

Sats ≥ 92 %

(or Sats ≥ 88% if known T2RF)

- Reassess after treatment and investigations
- Wean oxygen

Sats < 92 % on 8-10L oxygen via non-rebreather mask or < 88% if known T2RF

Patient improved with no ongoing oxygen requirements

- NEWS2 < 3
- Oxygen saturations ≥ 94% (or ≥ 88% in COPD with known T2RF)
- Ambulatory oxygen saturations ≥ 92% (or ≥ 88% in COPD with known T2RF)
- No other reason for hospital admission

Ongoing oxygen requirements or not suitable for discharge

- Continue treatment
- Admit to cohort area/side room
- Swab
- Consider referral to virtual covid ward

Follow escalation plan for *Suspected or confirmed COVID-19 patient with respiratory failure*