Specialty guides for patient management during the coronavirus pandemic

Clinical guide to managing the patient with a cough and a temperature during the coronavirus pandemic
Persistent new cough. Fever > 37.8°C, dyspnea, flu-like illness

**Green**
- NEWS2 < 3
  - **Sats > 94%**
  - Moderate chest tightness
    - Breathless
      - **Sats < 95% but > 92%**
      - Marked dyspnea
        - NEWS ≥ 5 or Signs of sepsis
          - **Sats < 92%**
            - Admit for observation/Ix and Rx including O₂

**Amber**
- Not breathless
  - 40 steps desaturation test (< 95%)
    - Senior review
      - Home with advice to return if symptoms worsen

**Red**
- Marked dyspnea
  - Admit for close monitoring Rx with O₂
    - Rx intercurrent bacterial infection
      - May need CPAP/IPPV

Important co-morbidities:
- hypertension
- diabetes
- respiratory disease
- cardiovascular disease

For ALL admitted patients Ix must include:
- CXR
- FBC (NB leukocytopenia)
- CRP
- Troponin
Reason to admit (to an acute hospital bed) checklist

**Physiology**
- NEWS2 ≥ 3

**Therapy**
- Oxygen therapy
- Intravenous fluids
- IV medication > bd
- Interventional Rx
- Surgery/PCI/IR

**Investigation/Observation**
- Cardiac monitoring
- Urgent endoscopy
- Toxicological sequelae

**Function**
- Diminished level of consciousness
- Acute impairment neurological/musculoskeletal in excess of home/community care provision
- Last hours of life - all admitted patients must have a TEP

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