

ASSESSMENT AND TRIAGE OF COVID 19 PATIENTS IN FEVER OPD

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COVID-19 background

- Caused by a newly emergent coronavirus, SARS-CoV-2
- Leads to respiratory tract infection, including pneumonia
- Transmitted mainly via respiratory droplets (sneezing, coughing, etc.), but transmission via contaminated surfaces can also occur
- Cause a variety of symptoms including fever, cough, fatigue, myalgia, sore throat, difficulty breathing, or loss of taste or smell.

What is triage?

- The sorting out and classification of patients to determine priority of need and proper place of treatment
- For COVID-19 outbreak, triage is particularly important to separate patients likely to be infected with the virus that causes COVID-19
- Effective triage can prevent transmission of the virus that causes COVID-19 to patients and healthcare workers (HCWs)

What patients can do



Inform healthcare providers if they are seeking care for symptoms suggestive of COVID-19



Wear a medical mask, if available



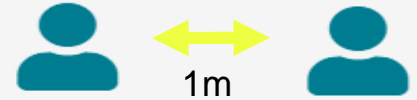
Immediately notify registration desk about symptoms



Wash hands at healthcare facility entrance



Carry a tissue or other alternative to cover mouth or nose



Maintain social distance in accordance with WHO recommendations

What healthcare facilities (HCFs) can do

- Communicate with patients before they arrive for triage
- Set up and equip triage (e.g., availability of medical masks for people with COVID-19 symptoms)
- Set up a separate COVID-19 waiting area
- Establish triage process
- Train staff on infection prevention and control measures including proper use of personal protective equipment

Clinical Features

- Fever
- Cough
- Fatigue
- Shortness of breath
- Expectorations
- Myalgia
- Rhinorrhea, sore throat, diarrhea
- Loss of smell (anosmia) or loss of taste (ageusia)

Risk factors

The major risk factors for severe disease are:

- Age more than 60 years (increasing with age).
- Underlying non-communicable diseases (NCDs):diabetes, hypertension, cardiac disease, pregnancy, chronic lung disease, cerebro-vascular disease, chronic kidney disease, immuno-suppression and cancer .

- Patient in fever OPD
- Categorise patient according to severity
- Rapid antigen test for covid 19

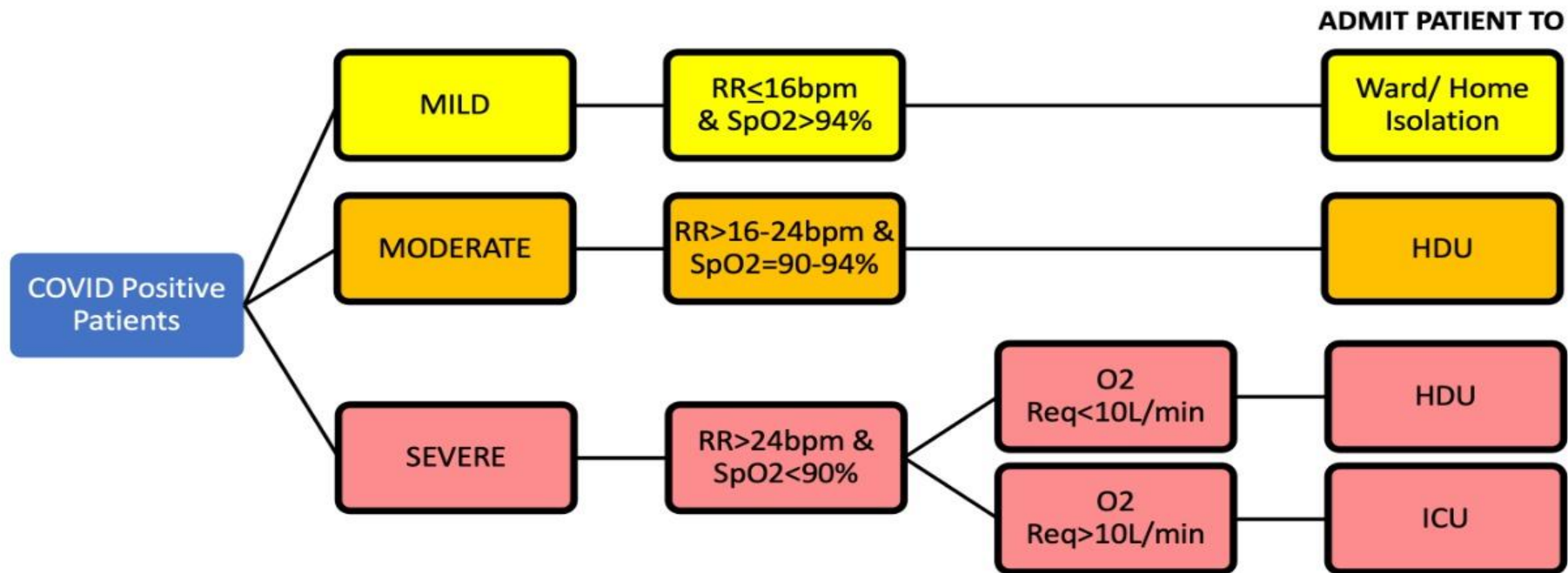
If positive Shift patient to confirm ward/ ICU

If negative. Do RT PCR if strong clinical
suspicion & admit patient to suspect ward
/ICU

- IF PATIENT POSITIVE

TREAT ACCORDING TO SEVERITY

Patients Characteristic	Clinical features/profile
Mild	Patient having COVID 19 related symptoms (fever/cough/shortness of breath) and No radiographic evidence of pneumonia, SpO ₂ >94% at room air
Moderate	presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO ₂ <94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute.
Severe	clinical signs of Pneumonia plus one of the following; respiratory rate >30 breaths/min, severe respiratory distress, SpO ₂ <90% on room air.



COVID PATIENT TRIAGE GUIDELINE

Note: Triage Doctor to consider other Clinical, (eg: BP, Consciousness level, etc) Laboratory data (if available-eg: Hyperkalemia, ECG of Acute MI etc) & Clinical Wisdom on case to case basis to determine need of ICU admission.

Mild

More black than white



Moderate

Equal black and white



Severe

More white than black



BSTI COVID-19 CXR reporting templates

CV0X0	Normal	COVID-19 not excluded. Correlate with RT-PCR if indicated
CV0X1	Classic/Probable COVID-19	Lower lobe and peripheral predominant multiple opacities that are bilateral (>> unilateral)
CV0X2	Indeterminate for COVID-19	Does not fit Classic or Non-COVID-19 descriptors
CV0X3	Non-COVID-19	Pneumothorax/Lobar pneumonia/Pleural effusion(s)/Pulmonary oedema/Other

HOME ISOLATION

Category	Type of Care	Baseline testing, not limited to	Report to Health care facility**
Asymptomatic patients <i>With or without comorbidities</i>	Home isolation*	Not routinely recommended. CBC, CRP, Ferritin,D-Dimer, SGPT, S.creatinine, Blood Sugar. (desirable)	Daily Telephonic follow up# & Education -Self reporting/linkages with 104
Mild Symptomatic without comorbidities	Home Isolation*	Blood Sugar, Chest X-ray (Mandatory) other desirable Laboratory tests may be repeated every 48-72 hours depending on symptoms.	Daily Telephonic follow up# & Early Warning signs% education -Self reporting/linkages with 104
Mild Symptomatic with comorbidities: With normal baseline reports	Home isolation*	All laboratory tests mandatory & should be repeated at least once after 48-72 hours and then at the discretion of Physician.	Follow up once a day by doctor# or through mobile medical unit. Early Warning sign education - Self reporting /linkages with 104

Ask patient to contact doctor if

- Difficulty in breathing
 - Persistent pain/ pressure in the chest
 - Mental confusion or inability to arouse
 - Developing bluish discoloration of lips / face ,Decreased urine output
 - As advised by treating medical officer

Ask

- 1- fever
- 2- appetite and oral intake
- 3- breathless at rest/ after washroom
- 4 - extreme fatigue
- 5- diarrhea, headache

See

- 1- temperature
- 2- pulse
- 3- BP
- 4- Respiratory rate
- 5- spo2 at rest and after short walk
- 6- able to talk in sentences

Inform if present

- 1- pulse < 60 / min or > 100 / min
- 2- Bp < 90 systolic or $> 140/80$
- 3- RR > 20
- 4- Spo 2 $< 95\%$
- 5- unable to talk in sentences

VITALS TO CHECK DURING WARD ROUND

- TEMP
- PULSE
- BLOOD PRESSURE
- SPO2
- SPO2 ON 6 MIN WALK TEST OF ROOM AIR PATIENTS
- RR
- AUSCULTATION - RS / CVS
- CNS
- RBS READINGS (24 HOURS)
- URINE OUTPUT / STOOL OUTPUT

SpO2 <94%

If SpO2>94%, perform 6MWT (6Minutes WALK TEST):

(6MWT:

Healthcare worker supervises the test.

If there are no contraindication, Patient is requested to wear a simple cloth or three-ply mask.

A base line saturation using finger pulse oximeter probe is noted.

Patient is requested to start walking at a self-paced test.

At end of 6 minutes a repeat reading of saturation is taken.

A POSITIVE TEST FOR HYPOXIA=

If SpO2 is less than 94% or there is an absolute drop of SpO2 by 3% or more from baseline.

If patient feels lightheaded, unwell or short of breath during the walk, then test should be aborted, patient rested and SpO2 checked.

Similarly, patients over 60 years of age, an interim reading of SpO2 at 3 minutes and supervisor of test assessing the need to complete 6 minutes or stop is mandatory.)

Abnormal ECG Changes

Red flag indicators suggesting a need to refer to a Medicine Unit:

- Shortness of Breath
- Excessive coughing
- Unbearable chest pain
- Pulse > 120 bpm
- SpO₂ < 94%
- If SpO₂ > 94%, perform 6MWT (6 Minutes WALK TEST):
(6MWT:

SERIAL LAB PARAMETERS MONITORING

- CBC
- CRP
- FERRITIN
- LDH
- D DIMER
- XRAY
- CREAT / K

TREATMENT PROTOCOL FOR COVID-19 PATIENTS

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MILD CASES

CRITERIA	INVESTIGATIONS	MANAGEMENT
<ul style="list-style-type: none">● LOW GRADE FEVER● COUGH● MALAISE● RHINORRHEA● SORE THROAT● NO SHORTNESS OF BREATH (SPO2 >94% ON ROOM AIR, NORMAL X RAY CHEST)	<ul style="list-style-type: none">● CBC● ESR● CRP● RFT WITH ELECTROLYTES● LFT WITH PT/INR, APTT● BLOOD SUGAR● VIT D LEVELS● ECG● XRAY CHEST● HbA1C <p>(REPEAT AS REQUIRED)</p>	<ul style="list-style-type: none">● EARLY HOME ISOLATION● 6 MINS WALK TEST● WATCH NEWS 2 SCORE● REST WITH EARLY MOBILISATION● ORAL FLUIDS● TAB PARACETAMOL SOS FOR FEVER● VITAMIN C/ BC/ ZINC/ D

MILD CASES WITH COMORBIDITIES

ADD ON CRITERIA	ADD ON INVESTIGATIONS	ADD ON MANAGEMENT
<ul style="list-style-type: none">● AGE>60 YEARS● HYPERTENSION● DIABETES MELLITUS● ISCHEMIC HEART DISEASE, CVA● CHRONIC LIVER DISEASE● CHRONIC LUNG DISEASE● CHRONIC KIDNEY DISEASE● OBESITY● IMMUNOSUPPRESSIVE STATUS	<ul style="list-style-type: none">● D-DIMER● FERRITIN● LDH● CPK TOTAL● OTHER TESTS AS PER NEED BY CLINICIAN	<ul style="list-style-type: none">● CONTROL OF COMORBIDITY● DIABETES PROTOCOL● WATCH NEWS 2 SCORE● WATCH DETERIORATION TO MODERATE CATEGORY