Daily MD Assessment
Consider the following:

1. **COVID Status**
   - Confirmed
   - Probable
   - Suspect

2. **Patient Isolation**
   - Proper PPE protocols
   - To discontinue: SCM Documents – COVID19 Discontinuation Isolation Precautions

3. **Mobility**
   - Encourage daily

4. **Labs (SCM order set)**
   - Review daily and order as indicated

5. **Goals of Care**
   - Reassess and update

6. **Prognosis (on admission)**

7. **Communication**
   - Patient
   - Care partner

**All COVID+ patients are eligible for clinical trials. Get verbal consent to be contacted and document in SCM admission note.**

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**Daily Vital Signs: Requiring Oxygen?**
- **No**
  - Other Barriers to Discharge?
    - **No**
      - Consider Discharge

**Pulmonary Considerations**
- **CAUTION**: AGMPs
- MDI (no nebs) for asthma / COPD
- Titrate to SpO2 92-96% (specific targets may apply, e.g. pregnancy keep >95%)

**Dexamethasone 6mg po or IV,** up to 10 days

- **Monitor for:**
  - Delirium
  - Diabetes (BG >10 → BBIT)
  - Strongyloides risk → if high call ID

**Differential Diagnosis of Deterioration**
- **COVID**
  - Progression to ARDS
  - Comorbidity exacerbation
    - COPD
    - Asthma exacerbation
    - Congestive heart failure

**Others**
- Delirium
- Stroke
- Hospital acquired infection
- Acute PE
- Myocardial ischemia
- Pleural effusion
- Aspiration
- Pneumothorax
- Volume overload

**Symptom Management**
- Dyspnea
- Secretions / cough
- Pain / myalgia
- Nausea / vomiting
- Fever
- Confusion
- Anxiety
- Headache

**VTE & Prophylaxis**
- LMWH prophylaxis for all patients unless active bleeding or platelets <30

**Symptom Management**
- Complete Med Reconciliation
- Manage within scope of practice
- Involve consult services and other health care providers as needed (phone advice if possible)

**Non-COVID Comorbidities**
- Functional status – cognitive / physical / nutrition vs. baseline
- Home living situation
- Remove lines / catheters
- Home medications
- Ride home
- Follow-up plans

**Specialist Link Discharge Pathway**

**Discharge Planning**
- Begins at admission

**Daily Vital Signs: Requiring Oxygen?**
- **Yes**
  - Trials?  
    - **Yes**
      - CTX + Azithromycin x 3 days → reassess
    - **No**
      - CTX

**High suspicion community acquired pneumonia?**
- **Yes**
  - CTX + Azithromycin x 3 days → reassess
- **No**

**Local or widespread influenza activity?**
- **Yes**
  - Oseltamivir (Tamiflu) x 5 days
  - Swab neg
  - Stop Tamiflu

**NEWS2 Score**
- ≥7 points or any new 3-point item
  - ↑ O2 >3LPM/3hrs or >10LPM
  - Hypercarbia

**Other change in clinical status**
- Continue best supportive care
- End of life care
- Palliative care consult for severe or refractory symptoms

**Symptom Management**
- Fever
- Confusion
- Anxiety
- Headache

**Discharge Planning**
- Begins at admission

**Specialist Link Discharge Pathway**

**Department of Medicine**

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