

Management pearls for people with asymptomatic COVID infection

- All patients with COVID need droplet and contact precautions
- The majority of COVID infections are asymptomatic or mild, and do not require oxygen or hospitalization
- Asymptomatic patients can become symptomatic. Symptoms may worsen during the second week after symptom onset. Monitor oxygen saturation and be aware of changes in O2 needs > 2L over baseline requirements.
- Confirm code status and whether transfer to the ICU is okay early in their hospitalization
- Limit the number of people going into the room a day; ideally 1 provider per day
- Utilize iPad or telephone encounters whenever possible (e.g., when discussing subjective, ROS) to keep contact time in the room short if you must enter to perform a physical exam
- Start VTE prophylaxis on all patients unless there is a true contraindication as patients can have COVID related coagulopathy
 - Consult the Anticoagulation Pharmacist for guidance on VTE prophylaxis if there are questions (272-2150)
 - PE, DVT, and arterial clots have been seen. If these are present, therapeutic anticoagulation is indicated. Please consult for transfer to Zinc or MICU immediately
- ACE inhibitors/ARBs are safe to use if the patient was on them prior to admission
- Minimize maintenance fluids
- Avoid follow-up xrays unless doing so will change management (e.g., if the clinical status changes)
- Avoid nebulizer treatments (if needed, use metered dose inhalers (MDIs) instead)
- Avoid NSAIDs
- Avoid the use of incentive spirometry as this can aerosolize the virus

Getting help:

- Contact Zinc Medicine for transfer if there is concern for COVID related pneumonia or COVID related coagulopathy (COVID Admission & Transfer Triage on Amion)
- Consult COVID-19 Adult Critical Care ICU for rapid respiratory decompensation
- 333 for emergent intubation

PPE

- Try seeing all COVID negative patients before seeing COVID positive patients to minimize transmission risk and preserve PPE
- PPE for each patient includes surgical mask, eye shield, bouffant, gown, and gloves
 - Surgical mask: can be reused while rounding on all COVID patients but discard after rounding and replace with a new one
 - Eye protection: Can be reused between COVID patients.
 - Once rounding is done, these can be reused after cleaning with an Oxivir wipe (and allowing it to dry for 1 minute)
 - Bouffant, gown, and gloves are also worn but discarded with each patient prior to exiting room
- N95 is only needed if aerosolized generating procedures are done, including:

<ul style="list-style-type: none">● Excessive coughing from procedures or spontaneously● Nasopharyngeal swabbing● Nebulizer treatments● Sputum induction	<ul style="list-style-type: none">● Clinical (bedside) swallow evaluations● Incentive spirometry● Open suctioning of airways	<ul style="list-style-type: none">● NG/OG tube placement in non-intubated patients● Laryngoscopy● Oxygen via face-tent or trach collar● Cardioversion
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- Wear an N95 mask with a surgical mask over it. An N95 may be worn for 3 days by doing this
- If reusing an N95, use gloves to remove it directly into a Tupperware or shoebox to reuse the next day, being careful not to contaminate the rest of the mask
- Donning and doffing may seem daunting but it can be intuitive if you think about how best not to contaminate yourself.
- Videos are available on the COVID intranet at the bottom of the page <https://hospitals.health.unm.edu/ipcd/2020/04/15/coronavirus-2020/>

Hygiene routine after seeing COVID patients

- <https://app.box.com/s/s3ftirh0wuhclbir2xfufqmb1ke53v6q>

Discharging patients

- Tiger Text “COVID-19 Clinic Follow up Attending” to schedule post hospitalization follow up for all COVID + patients at the UNM 1209 Clinic. Also, place “COVID-19 Consult Request Adult/Peds” ad hoc
 - Care is also for OB/GYN, Pediatric, and Palliative/Hospice patients. There is capability for laboratory, pharmacy (curbside pickup), plain film radiology, anticoagulation services (POC INR), vital signs, and post-operative care (wound care/staple removal).
- Provide a 14 day supply of medications as patients will likely need to self isolate after discharge
- Provide 10 surgical masks to infected patients who are going home
- Add "CDC COVID-19 Factsheet" & "CDC COVID-19 What to Do" to the discharge instructions
- Add the following statements to the follow-up section on discharge paperwork:
 - Because you have COVID-19, you should remain under home isolation precautions for 10 days after diagnosis OR until 72 hours after fever is gone and symptoms (cough, shortness of breath, muscle aches, sore throat) get better, whichever is LONGER. Further testing is not required after this duration of time. If you are discharged before your test results are back, you will be contacted once they are finalized.
 - Minimize contact with other people (including sleeping in a separate room and using a separate bathroom if available). Wash your hands frequently, and wash clothes and linens on high temperature. Use a mask in and outside the home, at all times.
 - If uninfected people at home with you develop symptoms (fever, cough, shortness of breath, sore throat, muscle aches), please call the New Mexico Department of Health Coronavirus hotline (1-855-600-3453)
 - Go to the Emergency Department for:
 - Symptoms that worsen.
 - Trouble breathing.
 - Fever that doesn't go down with acetaminophen (Tylenol)

Resources:

- Brigham and Women's Hospital Clinical Guidelines: <https://covidprotocols.org/>
 - CDC Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
 - UNM: COVID-19: <https://hospitals.health.unm.edu/ipcd/2020/04/15/coronavirus-2020/>
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