

# QUICK GUIDE FOR MANAGEMENT OF PATIENTS WITH COVID19: INITIAL WORK-UP

## FIRST STEPS: \*use interpreter phone if English is not first language\*

- At admission: HCP form +/- MOLST filled out and updated
- Attending confirm patient preferences re. intubation and CPR
- Check baseline EKG

## LAB WORK-UP: What to send when covid19 is considered

- Covid19 PCR testing (PAGE BIOTREATS #30331)
- Rapid viral panel

### At admission →

CBC with differential, BMP, procalcitonin, CRP, LFT, CPK, troponin, d-dimer, LDH, PTT, INR

### Daily →

CBC with differential, BMP  
If patient is in ICU add: troponin, CPK

### Every other day →

LFT, CPK, troponin, CRP, LDH, d-dimer,  
If patient on propofol add: triglyceride

### If clinically worse →

LFT, CPK, troponin, CRP, procalcitonin, LDH,  
ferritin, d-dimer, fibrinogen, PTT, INR

## LAB RESULTS: What to expect in the patient with covid19

(\*potential marker of disease severity)

- CBC with normal WBC, lymphopenia\*, mild thrombocytopenia
- BMP with elevated Cr
- Elevated AST\*/ALT\*
- Elevated CRP\*
- Elevated LDH\*
- Elevated d-dimer\*
- Elevated troponin\*
- Normal procalcitonin

## ISOLATION: Remember these basics for covid + or rule-out patients

- Contact (gown + gloves) + Droplet (mask + eye protection)
- If aerosolizing procedure or ICU patient use N95 mask
- Avoid unnecessary aerosolizing procedures including: nebulization (switch to inhalers), high flow nasal cannula
- OK to continue chronic night-time non-invasive ventilation, but switch to BWH mask + machine because less aerosol risk

## CONSULTS to CALL: Upfront consults or when to call

- INFECTIOUS DISEASE → on ALL patients (discuss therapies)
- PULMONARY → if significant O2 requirement (>6L/min)
- ICU TRIAGE → if concern for clinical worsening
- RT → if requiring > 6L/min NC O2
- ANESTHESIA → if rapidly increasing FiO2 or >8L/min NC
- CARDIOLOGY → if concern for new heart failure, ACS, VT/VF, or cardiogenic shock
- ONCOLOGY → call primary oncologist at time of admission

## INITIAL MANAGEMENT CONSIDERATIONS:

- CT chest:** NOT necessary for diagnosis, recommend minimizing use of CT given challenges with isolation and transport
- Daily CXR:** NOT necessary to do routinely unless it will change management plan
- IV fluids:** Conservative fluid management is important to mitigate risk of progression of respiratory failure
- Steroids:** Avoid using empirically, only use if other indication
- Antibiotics:** Follow BWH guidelines for empiric antibiotics based on patient risk factors, talk to ID consult about concerns
- Code Blue:** For either covid + or covid rule-out patient, when calling code blue, tell page operator this is covid patient; use normal protocol for donning of PPE prior to entering room, even if this delays CPR.

Version 3.20.2020

To check for the most up to date recommendations, please visit the [full manual](#) or use the QR code here →  
For urgent questions please consult the ICU triage pager (#39999)



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