COVID protocol for Emergency Department

Ensure all patients/visitors are wearing mask
Wear PPE (N95 mask, gloves, gown, visor/goggles)
Maintain 2 m distance when possible

Patient received at triage desk

COVID Confirmed case

COVID suspected case

Patient ambulatory
No high risk for severe disease
RR*<24
SpO2 ≥92% (after ambulation in room air:2min)
Pulse rate*=50-110 bpm
BP* not below baseline or SBP<100mmHg

MILD/ MODERATE Case
- Fever clinic (when open)
- Inform DOD (RDT, CXR, ± PCR)
- ONLY if RDT -ve or not confirmative
- Discharge with indication when to return

SEVERE Case
ARI 2
- O2 titration target ≥92%
- (88-92% if COPD)
- Wear mask over O2 interfaces
- Steroids STAT (Dexamethasone 6 mg IV OR Prednisolone 40mg PO)
- Awake proning protocol (fig1)
- Dry Nebulization with spacer
- Judicious fluid management
- Antibiotic if required
- Monitor-record-respond

CRITICAL Case
ARI 1
- Consider BiPAP, HFNC. Intubation if needed as last resort.
- O2 titration target ≥92% (88-92% if COPD)
- Wear mask over O2 interfaces
- Steroids (Dexamethasone 6 mg IV STAT)
- Dry Nebulization with spacer
- Judicious fluid management
- Antibiotic if required
- Monitor-record-respond

Not improved

No to ANY

No Altered mental state
RR*10-30
NO Signs of severe resp distress
SPO2 > 80%
ABG PaO2:FIO2 >300

Regular care (OPD or regular ED)
as per clinical severity

YES to all

YES

COVID care facility
Table 1: COVID suspected cases

1. Acute onset of fever AND cough;
   OR
2. Acute onset of ≥ 3 of the following:
   Fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status

Table 2: High risk for severe disease

1. Age>60 yrs
2. Obesity
3. Cardiovascular Disease including HTN
4. Diabetes
5. Chronic lung/kidney/liver/CNS diseases
6. Tuberculosis or Other Immunocompromised condition

Table 3: DRY Nebulization

1. Select Spacer.
2. Prime with 10 puffs salbutamol if new
3. Shake the MDI, open the cap and insert into spacer.
4. Put mouthpiece of the spacer in mouth between teeth and close lips around it. Ensure maxima seal.
5. Instruct the patient to breathe in and out slowly
6. Press the canister once at the beginning of a slow inhalation. Instruct patient to take in 5 slow breaths
7. Give: Salbutamol (100mcg) 4 puff+ Ipratropium (20mcg) 4 puff

1. 30 minutes-2 hours: lying on your belly
2. 30 minutes-2 hours: lying on your right side
3. 30 minutes-2 hours: sitting up

4. 30 minutes-2 hours: lying on your left side
5. Then back to position #1. Lying on your belly

Self Positioning Guide. Elmhurst Hopsital SB
आर्फे आसन बदलने निदेशिका (एल्महर्स्ट अस्पताल, अमेरिका)

Fig. 2. Awake proning