

## COVID-19 MSS HOSPITALIST GUIDANCE

See COVID Portal for patient placement, PPE, and precaution types for suspected or COVID + patients

### DIAGNOSIS:

- If a patient is suspected or positive COVID, physician needs to ensure COVID flag order and appropriate isolation order is placed. Hospitalists should follow up with Infection Prevention (IP) during business hours

### INDICATIONS FOR HOSPITALIZATION:

- Same as any other respiratory illness
- Hypoxia
- Hemodynamic compromise
- End organ damage

### LABORATORY/IMAGING/TESTING:

- Limit testing to medically essential testing only (echo machines brought into room increases risk to others, visiting Radiology department increases risk to others, phlebotomist exposure increases risk to others)
- Procalcitonin may be useful initially in determining need for empiric antibiotics (typically normal in viral illnesses)
- CT scans should not be used for diagnosis of COVID-19

### MANAGEMENT AND TREATMENT:

- IVF resuscitation should be performed based on the clinical scenario. There are some reports that over-resuscitation could be a risk factor for developing ARDS.
- Determine **\*if\*** a patient requires bronchodilator therapy for bronchospasm. For PUI or COVID-19 positive patients, the recommendation is to use albuterol in MDI, with a spacer in order to conserve supply in a canister reuse program. Nebulized medications can still be used, See COVID Portal for patient placement, PPE, and precaution types
- If patient progresses to acute respiratory failure (see next point below), hospitalists should follow their normal resources for treatment at their local facility. That is to say, if acute respiratory failure can be treated at their current facility, the same should be done. If consultation with PULM is required, the same process as normal should be followed
- Currently, it is not generally recommended to use BIPAP or heated high flow oxygen due to aerosolization of infectious particles, so patients requiring more than supplemental oxygen may need earlier intubation than typical respiratory failure patients
- Corticosteroids should be avoided, because of the potential for prolonging viral replication as observed in COVID-19 patients, unless indicated for other reasons. For example, for a chronic obstructive pulmonary disease exacerbation
- To the extent possible, patients with known or suspected COVID-19 See COVID Portal for patient placement, PPE, and precaution types
- Generally, there is no need for empiric antibiotics. Initial procalcitonin, if desired, may be used in conjunction with clinical assessment to inform clinical decision making.
- There may well be future updates on the use of OSF Home Care or Virtual Care of OSF Home Hospital as options to get patients out of the hospital sooner.