



Suspected/proven COVID-19 admission care bundle (MAU)

Enter patients in to this bundle if they have any of (please tick):

- Pneumonia (clinically or radiologically)
- An influenza like illness (fever and at least one of: cough, sore throat, URTI symptoms, headache, myalgia)
- Acute respiratory distress syndrome
- Acute anosmia (loss of sense of smell)

COVID-19 can present atypically in frail older people (e.g. generally unwell/off legs, hypothermia etc.) and in immunosuppressed patients. A small % of patients present with GI symptoms (abdominal pain, d&v) and fever with no respiratory symptoms.

COVID-19 appears to have two phenotypes:

1. A slower progression in older patients with co-morbidities
2. A rapid progression in younger patients with no previous health problems – deterioration can occur quickly, over a few hours.

Ensure the following are completed - 'COVID Treat':

	Action	Tick when completed
1	COVID-19 order set on iCM sent (swabs and bloods)	
2	Oxygen prescribed as per SpO ₂ target range (92-94% if no pre-existing lung disease – select 'other' on iCM to prescribe these targets)	
3	VTE and AKI risk assessments completed	
4	Imaging performed (chest X-ray unless CT was done first for another reason)	
5	Decisions regarding ceilings of care made with patient and/or relatives (Respect form completed)	
6	Treatment: <ul style="list-style-type: none"> - antibiotics prescribed for pneumonia as per Trust guidelines - dexamethasone 6mg od (po or iv) for patients requiring oxygen or respiratory support (for 10 days or until discharge). In pregnant or breastfeeding women use prednisolone 40mg od or hydrocortisone 80mg iv bd. 	

Don't forget to **think about** other conditions! (e.g. PE, heart failure)

Don't forget to **treat** other conditions (e.g. AKI, exacerbations of underlying diseases)

Specific (unlicensed) treatments for COVID-19 should not be prescribed unless the patient is in a clinical trial.

Two things not to do:

1. Do **not** prescribe intravenous fluid if the patient is drinking normally, has normal U&Es (for them) and is well perfused. In sepsis/ARDS use a restrictive fluid strategy under the guidance of an expert.
2. Do **not** ignore increasing oxygen requirements or rising NEWS2 scores – get a senior review without delay and escalate patients who are for respiratory support/ICU early.

Please refer to the COVID pages on Intranet for further management.