

NHS FORTH VALLEY

COVID-19 Acute Care Bundle (see full guideline for comprehensive information)

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EQIA	Yes 10/02/2021
Author / Contact	Iona McKenzie, Jordan Wardrope, Lindsay Reid
Escalation Manager	Lindsay Reid
Group Committee – Final Approval	Acute Medicine Operational Meeting 09/02/21

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Consultation and Change Record – for ALL documents

Contributing Authors:	Iona McKenzie, Jordan Wardrope, Lindsay Reid		
Consultation Process:			
Distribution:	NHS FV Quality Improvement Website		
Change Record			
Date	Author	Change	Version
15/02/21	IMcK/JW/LR	New guideline	1.0
19/02/21	IMcK/JW/LR	Updated bundle to include hyperglycaemia guidance	1.1

COVID-19 Acute Care Bundle

Optimising care in the acute phase of illness for hospitalised adults with COVID-19 disease

This is an excerpt from the separate 'COVID-19 Acute Care Bundle Guideline' available on the Clinical Guidelines Intranet site.

COVID-19 Acute Care Bundle

(see Intranet guideline for comprehensive details)



Patient details

Date of positive test: / /

Date of symptom onset: / /

Negative test but high clinical suspicion? Treat as COVID-19 & repeat test at 48 hours

Corticosteroids & CBG monitoring

Offer **dexamethasone** to people with severe / critical COVID-19

Use HEPMA '**dexamethasone COVID protocol**' incl. **PPI** gastroprotection

Severe - any of:	Critical - any of:
Oxygen requirement / SpO ₂ <94%	ARDS
RR >30	Sepsis / septic shock
Severe respiratory distress	Need for ventilatory / BP support

Check **CBG 4x daily for first 48 hours** regardless of diabetes status or steroid therapy

If any CBG >12, **corrective insulin therapy** required (see Intranet guideline '**Hyperglycaemia in COVID-19**') or overleaf

CHECKLIST FOR MEDICAL & NURSING STAFF

Steroid prescribed: Yes No
PPI prescribed: Yes No

Oxygen & basic treatment

Aim SpO₂ ≥94% (88-92% if COPD or risk of hypercapnia)

Consider **proning** (encourage patient to lie on side/front) if O₂ requirement

IV fluids as clinically indicated – **aim for euvolaemia**

BM chart in notes

VTE prophylaxis

Assess risk-factors for thromboembolism & contraindications to **LMWH**

Consider CrCl / eGFR / platelets / weight

LMWH prescribed: Yes No

Investigation & co-Infection

Chest X-ray for all patients

ABG if signs of respiratory distress / significant or rising O₂ requirement

Antibiotics? (only 4-7% of patients have added bacterial infection)

- **Consider** if: suspicion of bacterial pneumonia or sepsis, purulent sputum, lobar consolidation on imaging, neutrophilia
- CRP level alone does not indicate bacterial co-infection

CXR performed: Yes No

Abx prescribed: Yes No

Discussions & Decisions (aim for consultant review within 8 hours / 14 hours if OOH)

Inform patient (+/- NoK) of diagnosis and clinical condition

Document the following: (use appropriate forms i.e. DNACPR / ReSPECT where necessary)

- Functional status** – refer to '*Usual level of activity*' scale & '*Social History*' in clerking booklet
- Resuscitation / Escalation of Care decisions** – see clinical notes & '*Consultant ward round*' section of clerking booklet; beware these decisions may change throughout admission

Notes:

Clinician name & grade:

Signature:

Date:

Consultant:

Signature:

Date:

Hyperglycaemia – COVID19 + **NOT ON STEROID THERAPY**

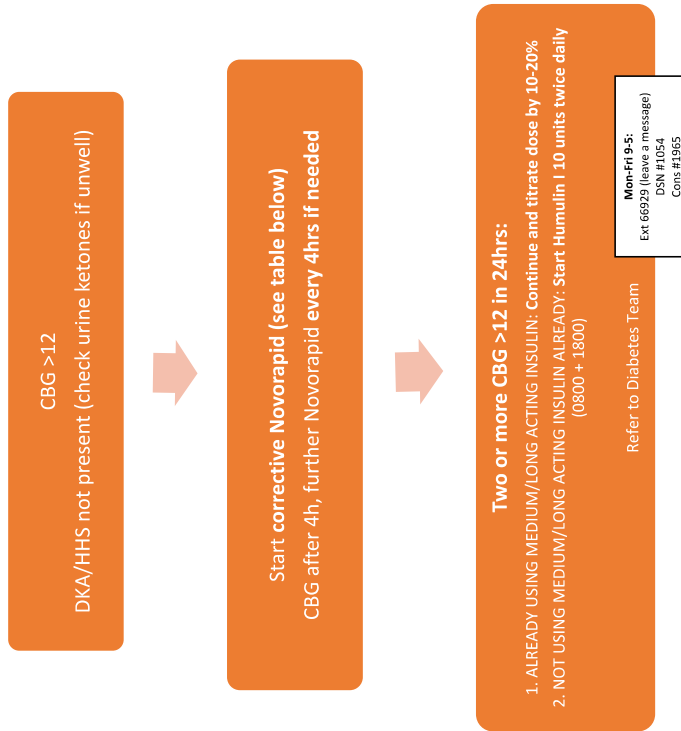


TABLE FOR PATIENTS NOT ON STEROID THERAPY

CBG	Corrective Novorapid (Units)						
	Weight <50kg or TDD <50	Weight 50-100kg or TDD 50-100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100
12-17	1	2	3	4	5	6	7
17-22	2	3	4	5	6	7	8
22-27	3	4	5	6	7	8	9
>27	4	5	6	7	8	9	10

TDD = Total Daily Dose of Insulin, in diabetic patients already taking insulin

CAUTION: Elderly (>70y or frail) / Renal (Cr >175 / eGFR <30)
Consider dose reduction by 1-2 units per administration as applicable

Hyperglycaemia – COVID19 + **ON DEXAMETHASONE**

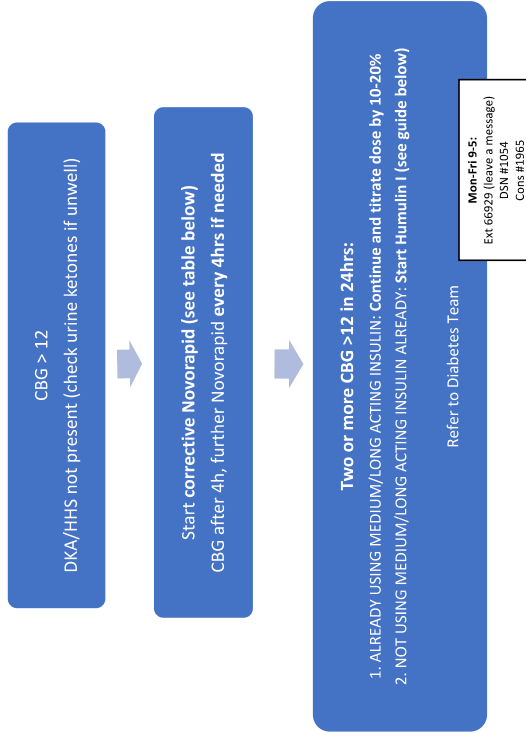


TABLE FOR PATIENTS ON DEXAMETHASONE

CBG	Corrective Novorapid (Units)						
	Weight <50kg or TDD <50	Weight 50-100kg or TDD 50-100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100	Weight >100kg or TDD >100
12-17	2	3	4	5	6	7	8
17-22	3	4	5	6	7	8	9
22-27	4	5	6	7	8	9	10
>27	5	6	7	8	9	10	11

TDD = Total Daily Dose of Insulin, in diabetic patients already taking insulin

CAUTION: Elderly (>70y or frail) / Renal (Cr >175 / eGFR <30)
Consider dose reduction by 1-2 units per administration as applicable

Starting Humulin I:
Start 0.3 units/kg/day, split twice-daily (i.e. 2/3 of daily dose before breakfast, 1/3 of daily dose before dinner)

- i.e. for a patient weighing 80kgs
 - 0.3 x 80kgs = 24 units daily = 16 units AM + 8 units PM
- Elderly (>70y or frail) / Renal (Cr >175 / eGFR <30)
 - Calculations as above, **use half of normal dose** i.e 0.15 units/kg/day

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