

## PPE

- N95/CAPR/PAPR if PUI or COVID + ([DHS EP](#))
- Gown, gloves, & full goggles vs face shield

## Clinical presentation

- [Symptoms](#) (decreasing freq): cough (50%), fvr, chills, myalgia, fatigue, HA, SOB, sore throat, loss taste/smell, N/V/D
- Onset ~ 5d from exposure (range 2-14d)
- Hypoxemia ~ 5-10d since mild sx onset
- Risk: + contact, work, no phys distance/mask
- Sev disease: [Age](#), DM2, CKD, obesity, immunosuppressed, CA, cardiopulm disease, cirrhosis, ESRD, smoking, HTN, pregnancy

## Diagnostics

- [Inpatients](#): rapid NP RT-PCR swab
  - ✓ COVID ID approval for repeat test
- CXR: Bibasilar & peripheral hazy opacities
- Lymphopenia, elev inflamm labs & AST/ALT
- Admission: inflamm labs (below), trop, INR/aPTT, trop, BNP, procal, LDH, fibrinogen
- Inflamm labs q24-48h: CBC, CMP, d-dimer, ferritin, CRP

## Infection control

- [Contact + droplet](#) (airborne if high flow or aerosolizing procedure) [[visitor policy](#)]
- Discuss who examines pt w/ attending qday
- Minimize/consolidate meds & tests:
  - ✓ Avoid extra labs (Add-on or next day)
  - ✓ Lump timing of orders, delay if non-urg

## Anticoagulation

- D-dimer < 6:
  - ✓ CrCl<30 = SQ heparin
  - ✓ CrCl >30 = enox 40 q24h (q12h if BMI > 30)
- D-dimer > 6 (or inc > 2 after 48 hrs ppx): consider increase AC intensity [per DHS EP](#)

## O2

- SpO2 goal >92% (sometimes 88-92% w/ more severe disease or chronic lung disease) ([DHS EP](#))
  - ✓ NC or High Flow NC (HFNC requires neg pressure rm w/ airborne iso); max 60L/min
  - ✓ Consider CPAP/BiPAP if separate indication w/ pulm c/s (COPD, asthma, CHF, OSA, OHS); facemask w/ seal to prevent aerosol
- Atelectasis prevention (ORCHID orders)
  - ✓ Self-proning ([handout](#))
  - ✓ OOB meals, incentive spirometer 10x/hr
- Strict I/O, keep euvolemic
- Avoid nebs; MDI okay
- GOC, code status, decision-makers ([DHS EP](#))

## Immunomodulatory agents

- [Dexamethasone](#) 6 mg IV/PO x 10 days (most pts on O2 if no contraindication)
- Azithromycin 500 qday x 5 days
- [Convalescent plasma](#) if >2L O2, not intubated; ideally 1<sup>st</sup> 72 hrs admission; no ID c/s needed
  - ✓ Blood consent, order T/S
  - ✓ FDA handout ([Eng](#), [Span](#)) + document consent
  - ✓ Product: 1uFFP comments 'convalescent plasma'
  - ✓ Transfusion: comments 'convalescent plasma'
- Not intubated? Email/page Michael Kahn PGY3 or Dr. Kamangar for vagal nerve stim eligibility

## Antimicrobials

- [Remdesivir](#) (COVID ID approval)
  - ✓ Pt handout ([Eng](#), [Span](#)) and document consent
  - ✓ TNF (not regular ORCHID order); verify receipt w/ pharmacist
  - ✓ 200 mg IV loading dose (day 1); 100 mg IV qday (day 2-5)
  - ✓ Caution/avoid if AST/ALT > 200 or eGFR < 30
- Consider CAP coverage if suspected

*Disclaimer: The above are general guidelines and suggestions; please refer to most updated DHS expected practice and your local policies, which supersede this abbreviated guidance*

## Quarantine of Close Contacts

- *Positive patients should call LADPH contact tracer at 833-540-0473 (8a-830p 7d/wk)*
- Quarantine of close contacts ([LADPH Handout](#))
  - ✓ Close contact = within 6 ft of pt 15+ min or any contact w/ body fluids (including coughed on)
  - ✓ Duration = 14d since last contact (incl 48 hrs prior to sx onset), even if close contact tests neg
- Staying home instructions
  - ✓ Private room if possible; no visitors
  - ✓ Wear mask; maintain 6+ ft if using shared space
  - ✓ Disinfect common surfaces, freq hand hygiene
  - ✓ Avoid sharing objects
  - ✓ Only leave for essential medical care
- Call 211 if can't isolate, need hotel room, food, etc
- Free testing via [corona-virus.la](#) or 211 (*doesn't shorten quarantine*); asymptomatic close contacts should wait ~ 5d since last contact to test
- Contact LADPH if concern for outbreak (workplace, SNF, public gathering): 213-240-7941 (M-F, 8a-5p)

## Disposition

- SpO2 > 93% on 0-3L or improving clinical trajectory w/ SpO2 > 91% and able to self isolate
- O2: c/s RT for [home O2](#) & pulse ox (x75038 x75331)
- Isolation on discharge (LADPH [Isolation Handout](#))
  - ✓ Hotel if unable to isolate or homeless (c/s SW)
  - ✓ See "staying home instructions" above
- May [D/C iso](#) when (COVID ID if Qs; doc in chart):
  - ✓ Mild-Mod illness: 10d since 1st sx AND > 24 hrs no fever w/o meds + significantly improved sx
  - ✓ Sev illness: above except 20 days; defined as >6L O2, VTE, shock, or multiorgan dysfunction
  - ✓ Sev immunocompromised: 20 days; includes chemo, HIV CD4<200, Pred >20mg/day 14+ days
  - ✓ Asymptomatic: > 10d since 1st positive test

## Other Resources

- LADPH [Provider Hub](#) or [COVID-19 Social Resources](#)
- DHS [COVID-19 Sharepoint](#) & [Expected Practices](#)
- [Emp Health](#) x73403 [Exposure](#) and [Testing](#) EPs
- [Infection Control](#) x73624 [LA 211](#)