

## COVID-19 Worksheet for DUMMIES



Kamalakannan Srimalan, Chionh Chang Yin, Jaime Chien Mei Fong, Jansen Koh Meng Kwang, Augustine Tee Department of Medicine, Changi General Hospital, Singapore

**Introduction** With the rapidly changing pandemic landscape, all healthcare institutions must adapt to the COVID-19 endemicity. As the usual patient load returns, all clinical teams were activated to care for patients who present with COVID-19 as well as patients who incidentally test positive while presenting for other issues. There is an impetus to equip all clinical teams to manage patients with COVID-19.

Aims 1. To condense all relevant MOH advisories, COVID19 guidelines, management points, discharge criteria for home or community facilities workflow into a quick reference document.

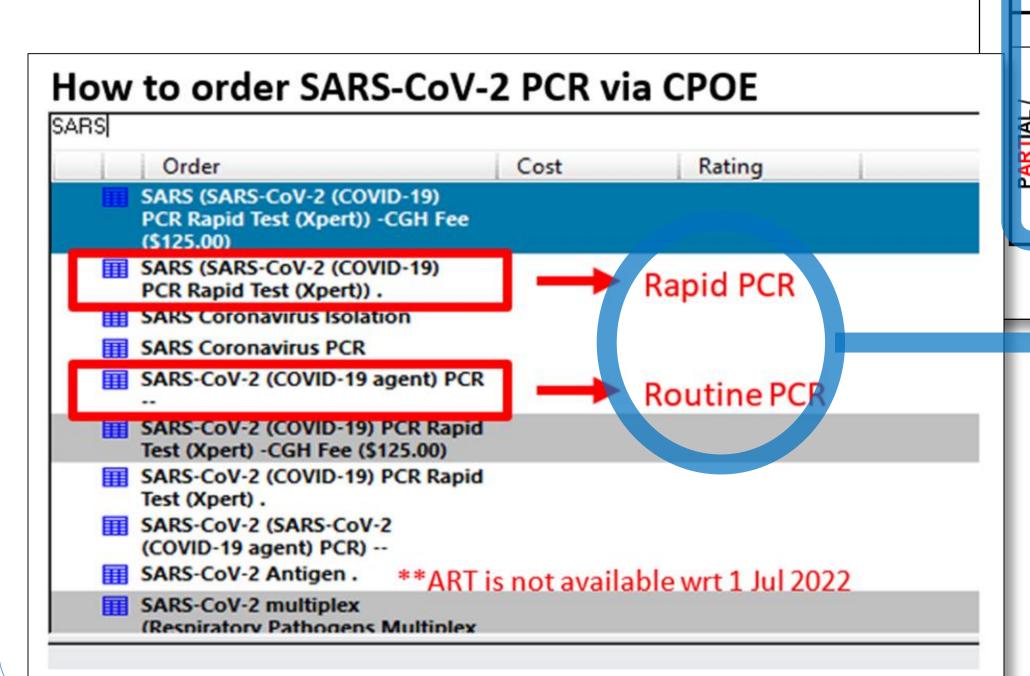
2. To empower clinical teams of all disciplines to manage their patients who have COVID-19.

**Methodology** Using the K.I.S.S. model with inputs from the Care Team (clinical / nursing / laboratory / operations) involved in the pandemic efforts, the the first version of the COVID-19 Worksheet was born!

## Incorporating IDEAS through FEEDBACK

By applying multiple PDSA cycles, Care Team continued to fine-tune the document based on ground feedback and also updated to align with prevailing MOH guidelines. It is now in its 9th version.

Concise guidance on key clinical information to collate and advisories on escalation of care.



Tools History / Physical – Important Points Premorbid & EOC status Immunocompromised? Symptoms Past medical hx on immunosuppressive meds o active chemotherapy Vaccination status o on dialysis Dialysis o haematological cancers Symptoms / Vitals o advanced / untreated HIV ISARIC score PADUA score Investigations As clinically indicated LDH • If unwell, trend FBC / RP / LFT Ferritin / CRP / LDH / Ferritin / CXR Renal panel SARS-CoV-2 PCR SARS-CoV-2 Spike Ab and CRP Nucleocapsid Ab Mild COVID: URTI only Severe COVID: Pneumonia on CXR; needs O2 Moderate COVID: Pneumonia on CXR; Room air Critical COVID: Respiratory failure, shock, multiorgan dysfunction Contact ID if Severe/Critical COVID-19 Mild/Moderate COVID and: Who to call? O Uncontrolled DM 1. During office hrs: Contact ID Ill-looking from COVID-19 2. Severe C+ after office hrs: o BMI > 32 Age >80 Contact Medical R2 on Call o Chronic Lung/ Heart/ Liver dz ISARIC score ≥7 3. Critical COVID for Active Mx: o CRP > 50 or ↑ trend Immunocompromised\* Activate MET o Persistent fever >38°C **VTE Bleed Score** o SARS-CoV-2 Spike Ab <100 Unvaccinated Order Symptom relief Consider VTE prophylaxis if PADUA ≥4; Review bleeding risk – high risk if VTE BLEED score ≥2 SARS-CoV-2 PCR - refer DECANT or DISCHARGE chart DECANT or DISCHARGE if minimal symptoms & room air & not on therapeutics **DAY 10** Day 8 - 9 DAY 2 - 3 DAY 7 DAY 4 - 6 CAN SELF-CARE Test if fit for home

NURSING HOME / Test if fit for transfer Test if fit for transfer COMM HOSP / GEN Stay (do not repeat frequently if CT is very low) PCR: Positive Stay Negative: Go PCR: CT<25 Stay CT≥25: Go **DAY 7 - 13** DAY 4 - 6 **DAY 14** DAY 2 - 3 CAN SELF-CARE Test if fit for home CAN SELF-CARE, PCR CT≥25: Home Home CANNOT SELF-ISOLATE PCR CT<25: Decant (HRP / CIF / CTF) CTF CANNOT SELF-CARE NURSING HOME / Test if fit for transfer Test if fit for transfer NH/CH/ Stay COMM HOSP / GEN (do not repeat frequently if CT is very low) PCR: Positive Stay Negative: Go If on therapeutics, consult ID for decantment; if on dialysis, consult Ops for decantment

Home

PCR CT≥25: Home

PCR CT<25: Decant

(HRP / CIF / CTF)

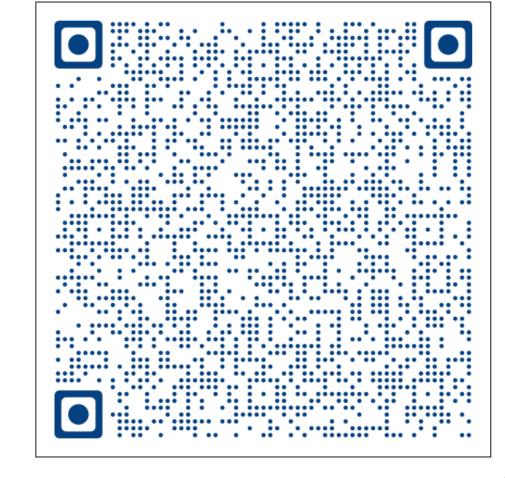
Advisory on how to order specific tests for COVID-19

Scan QR code for the full worksheet:

Added a QR code to link to ISARIC score calculator, to objectively determine illness severity.

QR codes to calculate risk for thromboembolism and risk of anti-coagulation as a clinical decision aid to decide on anti-coagulation.

Discharge policies updated to align with prevailing MOH guidelines for home recovery or transfer to community facility.



**Results** This worksheet is included as part of our orientation bundle to junior doctors. 30 non-medical discipline MOHH rotating junior doctors <26 medical officers and 4 house officers> were pooled. On the scale of 0-10 <10 being most confident>, 80% of junior doctors pooled rated it 8 and 20% rated 9. Our rotating medical officers and residents are able to manage patients independently.

**Conclusion** The **COVID-19 worksheet for** *DUMMIES* in CGH increased clinician confidence in managing COVID-19. It also ensured smooth discharge and optimal use of limited COVID-19 resources according to illness severity.

CAN SELF-CARE,

CANNOT SELF-ISOLATE

CANNOT SELF-CARE

CTF

