

Evidence-Based Clinical Pathway: COVID-19 Initial Presentation

Prepared by: Stone, R, Gentges, J

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Primary Sources: <https://www.covid19treatmentguidelines.nih.gov/> Dexamethasone in Hospitalized Patients with Covid-19. New England Journal of Medicine. 2021;384(8):693-704.

Knight SR, Ho A, Pius R, et al. Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score. BMJ. 2020;370:m3339. Liang W, Liang H, Ou L, et al. Development and Validation of a Clinical Risk Score to Predict the Occurrence of Critical Illness in Hospitalized Patients With COVID-19. JAMA Intern Med. 2020;180(8):1081-1089.

Pathway applicability:
Adult patients with concerning presentation for COVID-19
(See Breakout box 1)

Initial Treatment and Precautions

- Droplet and contact isolation (N95, face or eye shield, paper gown)
- Keep patient in surgical mask
- Initial resuscitation is event driven, e.g. oxygen to keep O2 sats >92%
- Further testing as indicated by history and physical – e.g. chest pain workup
- Triple lumen central venous catheter (subclavian or IJ unless contraindicated) or PICC
- Arterial line for patients requiring vasopressors or frequent arterial blood sampling
- Foley catheter, nasogastric tube, etc. as indicated
- COVID-19 test (PCR using Cepheid preferred)

Box 1: COVID-19 Presentation

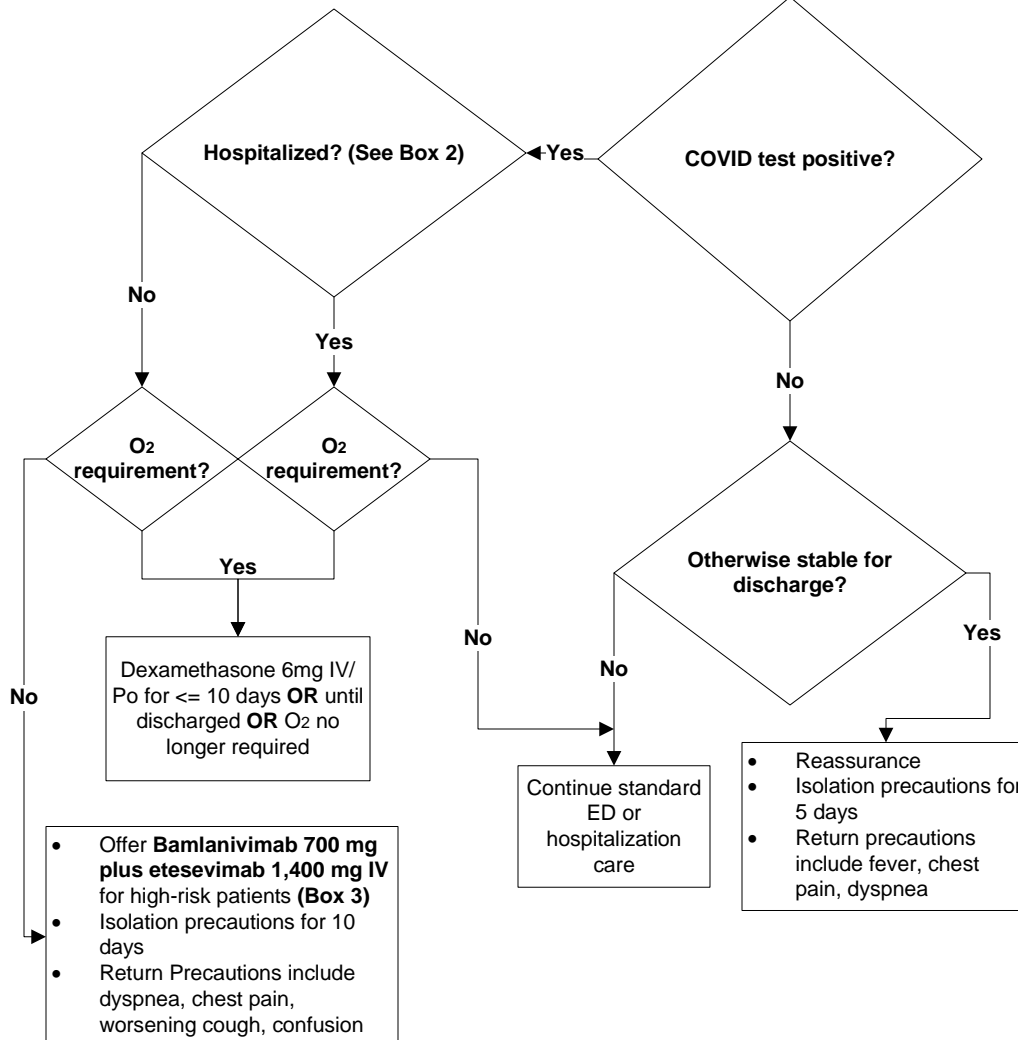
- COVID-19 Symptoms:
- Fever > 38° (Not found in all cases)
 - Loss of sense of taste or smell
 - Muscle weakness or myalgia
 - Cough or dyspnea
 - Vomiting or Diarrhea (esp. delta version)
- Patients may present with unusual signs/symptoms: Chest pain, confusion, encephalitis**

Box 2: Findings Increasing Likelihood of Hospitalization

- Room air O2 saturation < 94%
- Respiratory rate >30
- Lung infiltrates > 50% of lung volume
- PaO2/FiO2 > 300mm Hg
- Social/economic considerations
- Encephalopathy

Box 3: High Risk Elements Supporting Monoclonal Therapy

- An immunocompromising condition or immunosuppressive treatment
- Being overweight (BMI 25–30) as the sole risk factor
- Chronic kidney disease
- Pregnancy
- Sickle cell disease
- Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies)
- Medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation that is not related to COVID-19)



For hospitalized patients with O2 requirements, see the "Oxygen and Therapeutic Considerations in Hospitalized COVID-19 Patients Pathway"