COVID-19 – Junior Doctor's Checklist EKHUFT

(June 24, version 3.0, approved by DTAG Chairs action, Acknowledgement IDconsultant@nbt.nhs.uk)

COVID-19 is a condition to be treated as business as usual. (NICE guideline NG191)

Initial Assessment	❑ **Day of symptoms** ❑ **Date of positive PCR/lateral flow**	❑ **Vaccination status / date** ❑ **Previous COVID infections or admissions**
	❑ **High risk patient that could benefit with antiviral treatment?**	• Check NICE: Supporting information on risk factors for progression to severe COVID-19) • Admitted. see below. Consider inpatient referral via careflow to Immunology • Admission not required: community mild COVID-19 referral pathway see **Microguide**
General management when unwell from severe COVID-19	❑ **Chest imaging**	• Patchy peripheral bilateral changes typical of COVID-19
	❑ **Bloods**	• Admission bloods – **VBG, FBC, U&E, LFT, CRP, D-dimer** • Extra baseline bloods for LFT and Creatinine (drug therapy)
	❑ **Oxygen requirement & fluid balance (high benefit)**	• Oxygen and fluids chart on EPMA • Escalate if rapid deterioration at any point • **CPAP recommended** (over high flow nasal oxygen) if deteriorating (also triggers different drug regimes)
	❑ **Antipyretics**	• Paracetamol drug of choice but Ibuprofen OK if not AKI
	❑ **VTE prophylaxis (moderate benefit)**	• See **COVID-19 management of coagulopathy** on microguide – its different depending on severity but importantly if acute COVID-19 on ward initially full enoxaparin anticoagulation but not if on ITU
	❑ **Dexamethasone (high benefit)**	• For hospitalised patients requiring oxygen- STANDARD of care- • Pregnancy/breastfeeding – use prednisolone or IV hydrocortisone Monitor blood glucose and potassium
	❑ **Diabetes/Glucose monitoring**	• Pre-existing diabetes – stop SGLT2 inhibitors and metformin if AKI/liver dysfunction/lactic acidosis
	❑ **Respiratory patients**	• Continue regular medication / inhalers
	❑ **Antibiotics**	• Avoid antibiotics. Only if strong suspicion/confirmation of bacterial infection.
COVID Antivirals (mild COVID-19) Check renal and liver function as dose may vary. Community patient referral pathway see **Microguide**	❑ **Nirmatrelvir plus ritonavir (Paxlovid®) (high benefit) –PO** (can give N/G or PEG tube)	• Within 5 days of symptom onset • Liverpool COVID-19 drug interaction checker • Drug history required to check drug interactions • Childbearing women: confirm not pregnant.
	Remdesivir, – IV (moderate/low benefit)	• Within 7 days of symptom onset and inpatient (second line) • High risk group with new oxygen requirement and inpatient • Pregnancy assess risk benefit. Consider contraceptive advice.
	Molnupiravir (low to moderate benefit)-PO	• Not for hospital use. Trust has no supply for NHS patients at this time
	Neutralising monoclonal antibodies (nMAB): ❑ **Sotrovimab (low benefit)**	• Only consider if Paxlovid® not option • Within 5 days of symptom onset • Exclusions – children < 12, weight < 40kg, previously treated • Pregnancy assess risk benefit
COVID inflammatory pneumonitis Specific Management see Microguide	**Interleukin 6 inhibitors: (moderate benefit)** ❑ **Tocilizumab**	Clinical criteria: CRP ≥ 75, O2 sats < 92% (RA) or on supplemental O2; OR within 24-48hr of starting CPAP/NIV/HFNO/IMV Consider risk vs benefit: • coexisting infections or pre-existing immunosuppression/neutropenia • ALT/AST above 5x upper limit of normal • Pregnancy
	❑ **Baricitinib (low benefit)**	• Not available at this time