DECISION SUPPORT TOOL for ADULTS WITH CONFIRMED / SUSPECTED COVID (AMBULANCE)

Face to face assessment
Assess using pulse oximetry, history and full set of observations

Always review advanced care/treatment plans**

Chest examination often normal. 'Silent hypoxia' is common
Asymptomatic presentations with low O_2 saturations (often with normal RR, HR & other observations)

Non-COVID/other pathologies
Ensure that non-COVID conditions are considered
In particular other causes of deterioration

SEVERE

O_2 92% or lower*

NEWS2 ≥ 5

*Or if O2 sats reduced by 5% or more from usual

HOSPITAL CONVEYANCE with pre-alert

MODERATE

O_2 93 - 94%*

NEWS2 3 - 4

*Or if O2 sats reduced by 3 or 4% from usual

Patients in this group may be considered for conveyance to a Covid SDEC/Assessment unit subject to local referral criteria OR HOSPITAL CONVEYANCE

MILD

O_2 95% or higher*

NEWS2 0-2

*Or if O2 sats reduced by 1 or 2% from usual

High Risk Groups include:
- Age 65 and over
- Age under 65 and
  - COPD
  - Diabetes / BM > 12mmol/l
  - BAME
  - Pregnancy
  - CVD/Hypertension
  - Obesity
  - Cancer
  - Chemotherapy
  - Immunocompromised
  - Learning disabilities

If considering non conveyance, do exertion test 1 min sit-to-stand or 40 step walk tests & consider admission if concern or if ≥ 3% reduction.

High risk MUST seek senior clinical advice may be suitable for Oxygen saturation monitoring.
Patient should be able to undertake their baseline level of activities of daily living
Not high risk: Consider HOME MANAGEMENT

Remember Safety Netting

v3.3 NHS England and NHS Improvement approved **DRAFT – emerging best practice** 21 January 2021

If considering non conveyance, do exertion test (40 step walk or 1 min sit-to-stand tests) & consider admission if desaturation or clinical concern

Sit to Stand Test (STST)

- Use a standard height chair without armrests positioned against a wall
- The patient needs to be seated upright on the chair with knees and hips flexed at 90° feet placed flat on the floor and hip width apart
- Ask patients to put hands on hips (or folded across their chest) or arms are kept stationary
- Record heart rate and O2 saturation
- O2 saturation above 94% to proceed
- Ask patient to stand straight upright and then sit down again and repeat this for 1 minute. Their bottom must contact the chair on each repetition
- Record the number of times they can do this in 1 minute. There must be a minimum of 5 cycles for the test to be diagnostic

Pass – SaO2 remains >94%, or their expected

****If advance care/treatment plan in place consider community/palliative care where appropriate**

Consider the overall health status of the patient and the likely reversibility of the acute illness, to further guide management.

Access personalised care plans and follow directions where appropriate
Encourage shared decision making using local specialist advice lines to support appropriate outcome, assessment and conveyance.

Key assessment Points

- Establish duration of illness – day 5-10 is the higher risk period
- Ask about sudden increase in SOB or rapidly worsening SOB over hours or increased SOB
- Ask about red flags/high risk patient groups / previous contact with health care providers
- Medication history – consider patients who are on beta blockers may not become tachycardic
- Ask about patient support structure
- Consider patients overall condition and level of fatigue
- Is there an advanced care/treatment plan in place (think about frailty based on the patient's baseline function two weeks prior to being unwell)
- Use ambulance pulse oximeter-not patients own
- Clinicians should specifically establish if a patient is in a high risk group and ensure this is considered in any decisions regarding on going care

40 step Method: only if unable to do sit to stand

- **Is this appropriate?** – Could the patient walk 40 steps before they were ill?
- **Patient remains where they are** – with mask on
- **Attach Sats probe** – ensure good trace
- **Walk on spot 40 steps**
- **Monitor SaO2**
  - **Pass** – SaO2 remains >94%, or their expected

Any desaturation during exercise tests may be clinically significant - evidence of fatigue or 1-2% desaturations should be considered for senior clinical advice

Covid SDEC / Assessment Units must take direct clinical handover from the ambulance clinician and undertake a face to face assessment which may not be deferred or undertaken remotely

No decision should be made in isolation