Clinical Treatment for Patient with Suspected COVID-19 Crisis Standards of Care

I. Applicable patients

Patients prescreened or encountered by EMS personnel who may or may not have been pre-identified by 911/EMD as a potential COVID-19 patient:

A. Have signs and symptoms of respiratory illness (cough, shortness of breath) AND fever (may be subjective)

B. Have signs and symptoms of respiratory illness (cough, shortness of breath) AND known exposure to patient with suspected COVID-19

II. Personal Protective Equipment

A. Standard, contact, and airborne precautions

B. Surgical masks may be substituted for N95 masks when no aerosolized procedures are taking place and when not in an enclosed area (e.g. ambulance patient compartment) with actively coughing patient.

C. Surgical masks or non-rebreather masks with supplemental oxygen for patients in respiratory distress should be applied to the patient whenever possible to perform source control.

III. Treatment

A. Follow **General Prehospital Care Protocol**

B. Patients should receive oxygen to maintain SPO2 ≥94%

i. Nasal cannula can be applied under a surgical mask.

ii. Non-rebreather masks, for patients with hypoxia or respiratory distress should be used in lieu of surgical masks.

C. Assess breath sounds

i. For patients with clear breath sounds, continue supportive oxygenation.

ii. For patients with wheezing

1. Preferred mechanism for pharmacological intervention is metered dose inhaler (MDI) with spacer (including assisting patient with personal inhaler), if available.
2. If patient has profound wheezing and there is not access to MDI and the patient has a known history of other respiratory conditions (asthma/COPD)
    a. Administer bronchodilator via nebulizer in open area with maximum air ventilation, with N95 or greater respirator applied, and single rescuer monitoring patient.
    b. **DO NOT** administer nebulized medication in closed ambulance.

iii. For patients with significant pulmonary edema AND a history of CHF or COPD and positioning, oxygenation, and other treatments (e.g. nitroglycerin for CHF) are not effective:

1. Apply CPAP per protocol.
2. Use HEPA filter for exhalation port

Protocol Source/References: https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html

3. CPAP being utilized in the patient compartment should be limited to necessity and only when all providers in the patient compartment have N95 respirators in place.

D. Hypotensive patients – those with SBP <90mmHg with signs and symptoms of shock
   i. Administer normal saline 250 mL
   ii. Reassess BP and signs and symptoms of shock prior to administering more fluid
   iii. Normal saline boluses of 250 mL may be repeated to a maximum of one liter as signs/symptoms persist before contacting medical control.

E. Airway management
   i. **AVOID** Intubating or performing rescue breathing on patients with suspected COVID- 19.
   ii. Utilize supraglottic airways with ETCO2 if an interventional airway needs to be placed.
   iii. Place filter inline for ventilations or utilize a BVM with filtration capability, if available.

IV. Time sensitive patients
   A. Patients in need of immediate intervention will be treated with a minimum of gloves, eye protection, and mask

V. Transport
   A. Interventions should be performed **PRIOR** to loading into or closing patient compartment of the ambulance.
   B. Only one provider will remain with patient for transport, if possible.

VI. Cardiac arrest- Follow CARDIAC ARREST IN A PATIENT WITH SUSPECTED COVID-19