

Community Hospital Medical Cover during Covid

Just a brief update and summary of issues arising around Covid this week.

The updated Community Hospitals Covid learning resource is attached and available on the trust COVID website- let me know if any errors.

- **Worsening quality of transfers from acute trusts-** poor documentation / lack of drug charts/ ReSPECT/ VTERA- escalated at several points in the system through Ops and the Incident teams to try and improve- keep under review
- **On call Shropdoc/OOH GP provision** now available as additional support to CHs – accessible by contact with Shropdoc and if insufficient standard capacity to address need
- **A&E admissions to CHs-** There has not been any change in terms of requirements for swabbing for A&E pts- we have asked SaTH to ensure swabbing of all symptomatic and definite contact patients in A&E prior to transfer - results are not required prior to transfer if the patient can be isolated appropriately.
Patients seen in non Covid cohorted areas of A&E without Covid symptoms would not require testing- but we are currently testing all patients on admission and isolating if systemically unwell until results available given our understanding of variable presentation in frail elderly.
- **Swabbing on admission to CH** – swabbing all patients on admission is allowing pick of older frail patients who present atypically with Covid, or those remaining positive.
- **Positive swabs after 14D-** we are finding that some of our frail elderly are remaining positive on swabbing past their standard de-escalation of IPC measures period- in this case we presume this is non clearance of the virus and continued isolation and weekly swabbing is recommended, tho discharge can proceed if well and suitable environment to isolate on discharge.
- **Rapid guidelines by NICE** on in-hospital COVID Pneumonia and AKI- attached – as previously though in our frail multimorbid patient group we are still erring on the side of early combined antibiotic use due to risk of rapid secondary bacterial infection

I am on leave next week but will continue to update this as we move forward so please keep me informed of anything you find helps with the management of these patients, and thank you all for your hard work in these challenging times,

Best wishes
Emily

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