Shropshire Community Health NHS Trust

SCHT Community Hospitals Covid19 Medical Resource pack

V4 Collated from National advice and local learning
Emily Peer 7th May 2020

This working guidance document is to help share and learn from the experiences of our Community Hospital teams to date and suggest local changes to meet the challenges of the Covid 19 pandemic.
It does not replace any of the rapidly changing specific local and national guidance, including PPE guidance - updated daily on the Trust Staff Coronavirus Information webpage.

Recent/ updated guidance:
COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital NICE guideline [NG173]
COVID-19 rapid guideline: acute kidney injury in hospital NICE guideline [NG175]
RCP NEWS2 and deterioration in COVID19
Novel coronavirus (COVID-19) standard operating procedure: Community health services
COVID-19: our action plan for adult social care
BGS Coronavirus and Older People- webpage resources
Helping prevent facial skin damage beneath personal protective equipment 9 April 2020
NHS Specialty guidance site
COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community NICE guideline Published: 3 April 2020
COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community NICE guideline Published: 3 April 2020
Talking to relatives- a guide to compassionate phone communication during covid19
COVID-19 rapid guideline: critical care in adults NICE guideline Published: 20 March 2020
Clinical guide for the management of stroke patients during the coronavirus pandemic 23 March 2020
Clinical guide for the management of palliative care in hospital during the coronavirus pandemic 27 March 2020
Clinical guide for the management of anticoagulant services during the coronavirus pandemic 31 March 2020
BGS/ RCPsych Coronovirus- Managing delirium in suspected and confirmed cases 19 March2020

1. Problems for Patients with Covid19 in our Community Hospitals		
Learning from wards to date	**Suggested actions/ changes to be considered** in each CH	Evidence/ Additional actions
Rapid deterioration common NEWs not always reflecting clinical condition/ deterioration as well as expected	• Clinical judgment very important, requires continuity and frequent review • **Use in addition to NEWS2** to recognise deterioration • **Increase in O2 requirements should also trigger a clinical review/** escalation in appropriate patients	**RCP NEWS2 and deterioration in COVID19**
Delirium/Agitation common and can worsen SOB/ O2SATs	• Symptom control of agitation important to improve O2SATs • See BGS guidance link- • CW has discussed with Proff Willis- can use **Morphine 10mg and midazolam 10mg via 24 syringe driver** in opiate naive, without discontinuing regular analgesia	BGS/ RCPsych Coronovirus- Managing delirium in suspected and confirmed cases 19 March2020 Clinical guide for the management of palliative care in hospital during the coronavirus pandemic

Rapid secondary bacterial infection seen in deteriorating older people	• Early antibiotics for severe breathlessness or deterioration in elderly– see link- Amoxicillin 500mg tds with Clarithromycin 500BD 5/7 OR Doxycycline or Clarithromycin in penicillin allergic • Doxycycline with Amoxicillin and Amoxicillin with Metronidazole also been used with benefit on advice of micro	Centre for Evidence base medicine review
Use of O2	• Use as recommended by BTS but some areas finding not improving sats much and using for symptoms benefit	
Managing severe breathlessness	• Nurse upright in a chair with forward lean • move as little as possible- prop if needed and minimise moving/ disturbing pt as escalates breathlessness- may include eating and drinking	Clinical guide for the management of palliative care in hospital during the coronavirus pandemic
Managing cough	Humidify room air, oral fluids Honey & lemon in warm water Suck cough drops / hard sweets Elevate the head when sleeping Simple linctus 5-10mg PO QDS, if ineffective Codeine linctus 30-60mg PO QDS or Morphine sulphate solution 2.5mg PO 4 hourly	Clinical guide for the management of palliative care in hospital during the coronavirus pandemic
Support nursing staff with clear care planning	• Rigorous care planning • ReSPECT discussions on admission • Use Rockwood Clinical Frailty Score to assist in discussion- see link	Rockwood Clinical Frailty scale
Recovering Covid patients- when/ how to safely discharge	• Specific guidance issued for de-escalation as frail elderly and more severely unwell found to be infection for longer- explained in email for CHs • Prompt discharge letter and **advice to GP/Care home on discharge of covid status and isolation duration**/requirements	NEW GUIDANCE: Descalation of IPC Precautions for COVID--19 hospitalised patients RE NEW GUIDANCE Descalation of IPC Pr
EoL reported experience is of rapid deterioration of Covid pos patients	• Due to rapid decline in clinical condition Oromorph and Lorazepam prn use may be more timely than syringe drivers • CW been avoiding adding Hyoscine to syringe drivers in Covid EOL as already dry mouth/ thick secretions • Palliative care support line 01743 454912	Clinical guide for the management of palliative care in hospital during the coronavirus pandemic
Review / discontinue certain medications	• Consider sick day rules if dry (diuretics/ ACEI/ARBs/ NSAIDs/ Metformin) • Immunosuppressive therapy should be paused for the duration of the infection/until they feel well • Glucocorticoids should not be stopped abruptly • advice can be sought from RJAH rheumatology helpline on 01691 404432.	BGS Covid 19 medicines advice for older people Covid 19 Guidance for Rheumatologists
Resuscitation – chest compressions constitute an AGP and Level 3 PPE required	• FFP3 fit tests rolling out and equipment provision next to the Resus trolley • COVID Adult CPR protocol developed	RCUK COVID19 resources – Healthcare settings

		COVID Adult CPR protocol SCHT.DOCX Adult_ALS-COVID-19 .pdf
Swabbing on admission to CH Positive swabs after 14D	• **Swabbing all patients on admission** - allowing pick of older frail patients who present atypically with Covid or those remaining positive. • Some of our frail elderly are remaining positive on swabbing past their standard de-escalation of IPC measures period • 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.	

2. Patients negative for Covid19		
Learning from wards to date	**Suggested actions/ changes to be considered** in CHs	Evidence/ Additional actions
Discharge to assess when MFFD	• Patients MFFD on Pathway1 should be being **discharged to assess** according to new guidance- see link- this applies from the acute and from the CHs- within 3 hours of being deemed fit for discharge • Standard discharge letters available- see embedded documents	COVID-19 Hospital Discharge Service Requirements SaTH COVID Discharge Leaflet (An SaTH COVID Discharge Leaflet (Ho

3. **Problems with ward process/ procedures** arising during the Covid 19 outbreak in our Community Hospitals		
Learning from wards to date	**Suggested actions/ changes to be considered** by each CH team	Evidence/ Additional actions
Patients transferred inappropriately from acute -Pathway 1	Patients MFFD on Pathway1 should be being **discharged to assess** according to new guidance- see link- this applies from the acute and from the CHs- within 3 hours of being deemed fit for discharge	COVID-19 Hospital Discharge Service Requirements
Clear arrangements in the event of death essential	• Verification of death by nursing staff on ward • Transfer immediately to funeral directors- death can be registered now by Funeral directors • GP completes MCCD- requirements revised (see embedded doc), can be emailed and no part 2 required for Crem following new guidance- see link and embedded doc	Covid-19 Information Governance advice for health and care professionals Coronavirus Act – excess death provisions: information and guidance for medical practitioners

Pharmacy support hit by illness/ isolation	• SW exploring options to support and spread pharmacy cover- limited by staff numbers	
Rapid turnover of patients requiring increased admin support	• Non clinical staff redeployed to support CH admin	
Shropdoc capacity OOH under further pressure, particularly after midnight	• DtA to CH transfers from acute should be between 8am and 8pm • Expectation that Shropdoc should continue to provide cover for deterioration overnight • Additional GP car requested to be provided by Shropdoc • **On call OOH GPs available overnight** to support CHs as required- accessed via Shropdoc	
Limit contacts and PPE use by multitasking across roles where possible	• In line with guidance on zoning patients and staff where possible	Reducing the risk of COVID19 transmission in the hospital setting
Swab patients on discharge to care homes and domiciliary social care	• Swab 24-48 hours prior to discharge • Communicate clearly in discharge documentation Covid status and length of any specific IPC measures • Flowchart from Covid Care Pathways group (not A&E pts)	COVID-19: our action plan for adult social care Covid 19 clinical pathway final 27.4.2(

4. Notes and Drug chart issues		
Learning from wards to date	**Suggested actions/ changes to be considered** in CHs	Evidence/ Additional actions
IPC risk/ accessibility issue of items usually at end of bed in Covid bays	• Drug and Obs charts need to be accessible outside of Covid bays • Drug chart need wipe clean covers • IPC link staff/ champion in place at each CH	
Need for easy identification of Covid risk	• Consider Covid pos sticker on those with suspected or confirmed • Consider dated Covid neg test sticker for those with neg test	
Separate medical and nursing/ therapy notes problematic	• Combine the medical, nursing and therapy records	