# Indian Health Service Covid-19 Clinical Readiness and Patient Care

APRIL 9TH, 2020 12-1PM MST





# Agenda

1. Introductions: Shawn M. D'Andrea MD, MPH; Paul Charlton, MD, MA ; David Cheever, MD

2. Welcoming remarks and situation update: RADM Michael Toedt, MD, FAAFP

3. COVID-19 ED and ICU care Q&A: Nick Johnson MD and Juantina Johnson MD

4. Closeout





#### Please

Keep lines muted Submit questions through chat Complete post session Survey • For CME credit





#### Reminders

Session is recorded and your attendance is consent to be recorded

Recording will be made available for distribution

Please see announcement for slides

CME available after completion of evaluation





We acknowledge there is pre-symptomatic transmission and asymptomatic transmission of SARS CoV-2. What level of PPE seems reasonable for ED staff to wear for <u>all patient</u> encounters given the risk of pre-symptomatic/asymptomatic

**transmission?** Mask/eye protection (simple safety eye glasses)/gloves? Then for higher-risk COVID PUIs wear gown/face shield/mask/gloves?





Are your ED staff wearing a single N95 mask at all times for an entire shift across all patient encounters (only taking it off to eat, etc.)? If not, why not?





In a suspected COVID PUI patient who looks well with normal vital signs, does the provider need to listen to lung sounds? (This would save 1 set of PPE for pts seen in outdoor tents)





What are your admission criteria for suspected COVID patients? Almost entirely based on VS (pulse ox and RR)?





Does lab work or a chest x-ray make any difference in initial management decisions? Does the initial lab work change prognostication?





Is there more of a role for HIGH FLOW nasal cannula and CPAP than initially thought? For nasal cannulae, what flow rate might generate aerosol particles? When might you use a facemask or BIPAP mask over the NC?





Regular nasal cannula (above)

VS

Adult high-flow heated oxygen therapy [aka high flow nasal cannula] (right)





For patients with known or suspected COVID who appear to be worsening over past day at home and present to the ED with borderline VS/O2 needs and concerning trend, how to weigh benefit/risks of early intubation vs. trial of NIPPV vs. delaying intubation for ICU?





What is your clinical trigger for intubation? (i.e. if needing >6L NC O2 to maintain spo2 >90%\*, strongly consider intubation)

\*Dependent on elevation





 How do you pre-oxygenate prior to intubation? What do you place over the mouth to avoid aerosol particles in the room from the pre-oxygenation?

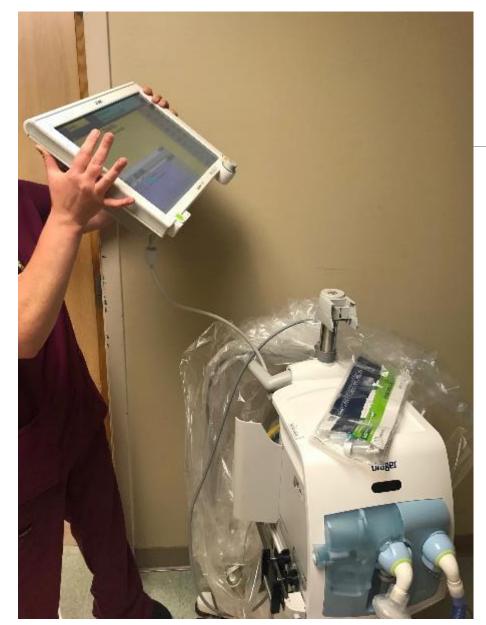




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How much airway equipment do you bring into the room? Normally we like to have back up items available in the room, but these would need to be disposed of in this context.

What rescue equipment do you have in the room?



We are hearing more reports of supraglottic airway edema in COVID patients requiring intubation. Do you downsize your ETT sizing to prepare for this?

How many sizes of ETT do you have in the room



To prevent aerosolized particles from spraying widely into the room, during ED intubation should we considering making a plexiglass Intubation Box, or cover patient's face with a plastic sheet periintubation, or do nothing beyond wear our CAPRs or N95 masks with shields?











Current recommendations for PPE in setting of intubation are N-95 + face shield, or CAPR. Which personnel involved in intubation should wear CAPR? Which should wear N-95 + face shield?







If you are using a CAPR, would you wear an N95 mask underneath it?



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What initial settings do you consider for the ventilator immediately post-intubation? PEEP 10, RR matching their pre-intubation RR?



In this COVID pandemic, if you do see a unilateral infiltrate on chest x-ray, do you give antibiotics for community acquired pneumonia?



Once intubated and on the ventilator, can a patient be safely boarded in a non negative pressure room while awaiting transfer?



For transporting patients to another hospital, what precautions need to be taken for the transport team? Do you require intubation before you transfer due to safety of the transferring team and contamination to their aircraft?



If you run out of vents, would you use CPAP machine from home?



What is your approach to fluid resuscitation in these patients given risk of ARDS?

Do you treat with Tamiflu or antibiotics while Covid testing is pending?

How are you using hydroxychloroquine?



Who are candidates for ECMO?



How can ED providers do a better job at having goals of care discussions?

What COVID specific information (outcomes data, evidence) is most helpful to share with families in G.O.C. discussions with families?



## Thank you. Be safe and be well.

Please send other questions to:

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