Regional Advisory Update Regarding COVID – 19

Distribution: All Mountain Lakes REMAC Physicians and EMS Providers

Date: April 22, 2020

The following guidance is in response to questions as to how to best and most safely treat dyspneic patients during the COVID–19 pandemic.

First, protect yourself. You should be wearing an N95 mask, gloves, eye protection and a gown whenever treating ANY problem. If using a nasal cannula or a nonrebreather, place a surgical mask on top, and fit it as well as you can to your patient's face while covering the device. Turn on the oxygen AFTER placing the surgical mask. This should minimize viral spread which we believe occurs when using pressure driven oxygen. Minimize or if possible eliminate BVM use until an advanced airway is placed. If using CPAP or an advanced airway, use a viral filter. Place the viral filter BEFORE using the device. Supraglottic airways are preferred because intubation places the provider's face closer to the patient's face than does supraglottic placement.

Second, listen to lung sounds, evaluate the inspiration to expiration ratio, take a good medical history, and treat the patient.

There are generally 4 categories of wheezing/bronchospastic shortness of breath patients:

Generally well: These are patients with no visible respiratory distress, SpO2 > 94% and minimal wheezing. The patient may be assisted to use 4 puffs of their own inhaler (with a spacer if they have one). If return to baseline happens immediately, and the patient is appropriate, these patients may then stay in place (and not be transported).

Sick but not dying: These are patients with visible respiratory distress and/or hypoxia (SpO2<94%) and/or significant wheezing. For this stratum, place a nonrebreather or nasal cannula with a surgical mask on top and administer 0.3 mg of epinephrine IM (may repeat in 5 minutes). If your agency or the patient has an inhaler, administer 8 puffs. Use a spacer if there is one available. It delivers much more medication than an inhaler alone. You may repeat this every 5 min. If an inhaler is not available, you may choose to use duonebs. If using nebulized medication, you may minimize droplet spread by connecting the nebulizer chamber to an NRB mask and applying a surgical mask on top. Also, in good weather, you may choose to administer nebulized medication outdoors, before entering the ambulance, and standing upwind while doing so. If you suspect CHF, do not administer epinephrine/duonebs and instead administer aspirin 324 PO chewed and NTG 0.4mg SL q5min keeping SBP > 100.

Dying: Do the above and also place CPAP with a viral filter.

Very nearly dead: Supraglottic airway v. intubation with a viral filter, with supraglottic airway preferred.

Regarding steroids: The latest recommendations are that we should not give steroids to suspected COVID patients. I'll update you if that changes.

As always, thank you for being the smart, heroic, compassionate providers that you are.

Be safe.

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And please, wear your PPE.

Excellent, up to date, emergency physician driven education and updates regarding COVID-19 assessment and treatment can be found at: https://covid.emrap.org/

Excellent, detailed information regarding presentation, assessment, donning and doffing, protective equipment and treatment is available at: https://emcrit.org/ibcc/covid19/