

# DCCM COVID-19 Town Hall

April 22<sup>th</sup>, 2020

# Welcome/Ground Rules

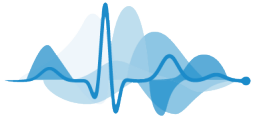
- Welcome
- Webinar Format
  - Host and panelists
  - Audience participation/Chat



# Agenda

- COVID-19 Dashboard
- Provincial CCSCN Update – Provincial Webinar
- “Just in Time” Emerging COVID literature
- COVID-19 Phenotypes and approaches
- Questions





# COVID-19 Dashboard

Dan Niven

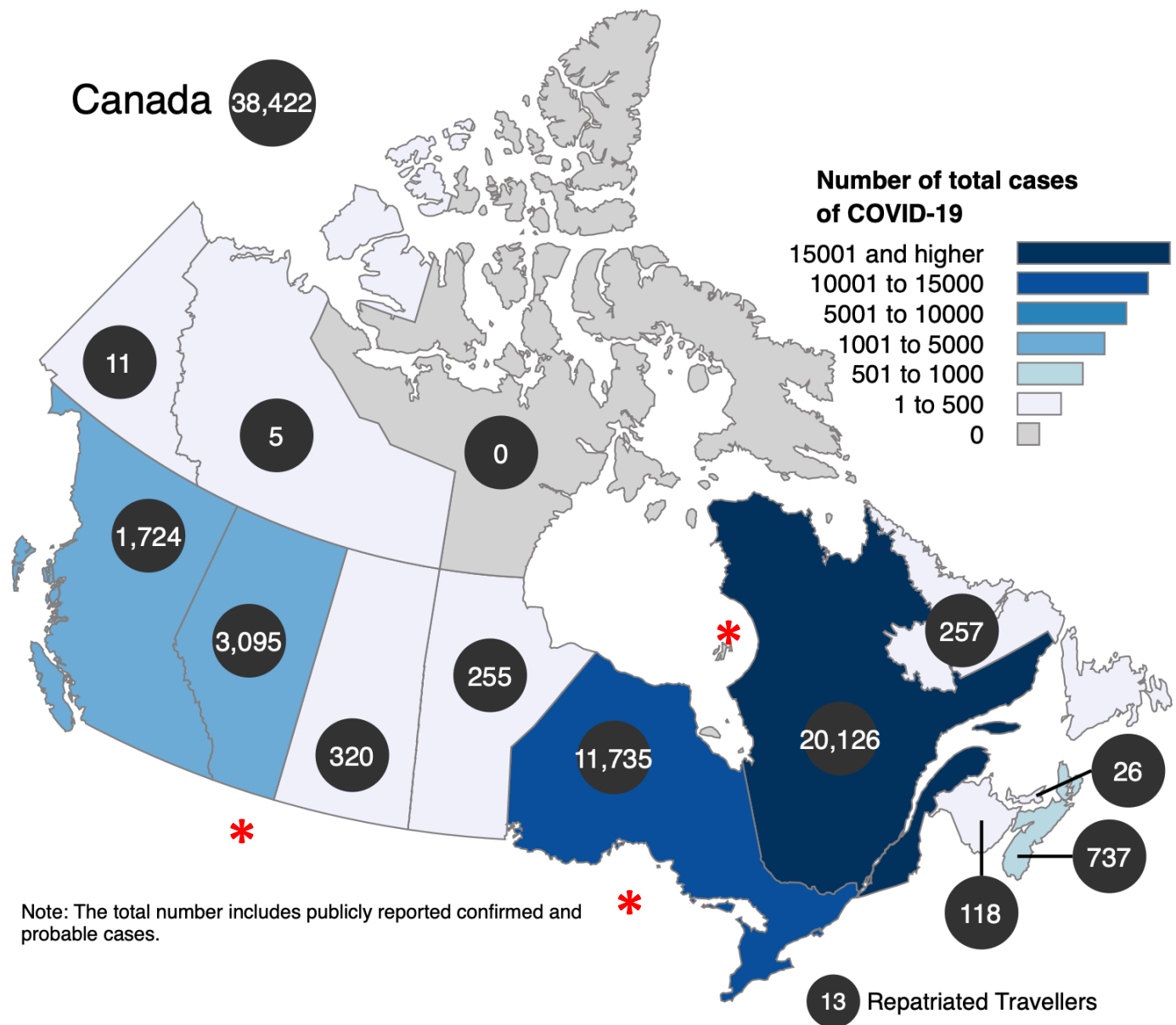
Sources of Information up to April 14:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

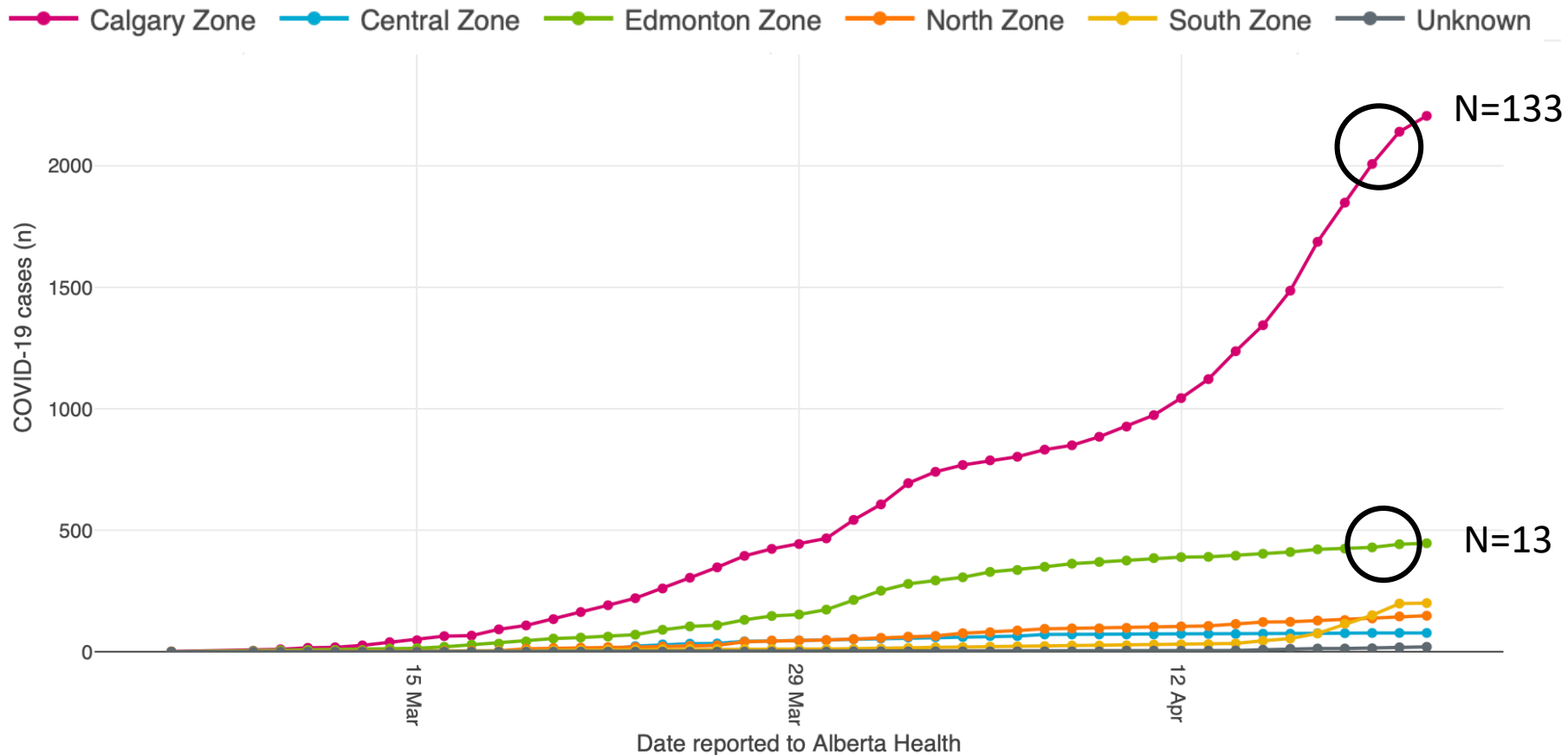
<https://www.alberta.ca/covid-19-alberta-data.aspx>

<https://www.alberta.ca/assets/documents/covid-19-case-modelling-projection.pdf>

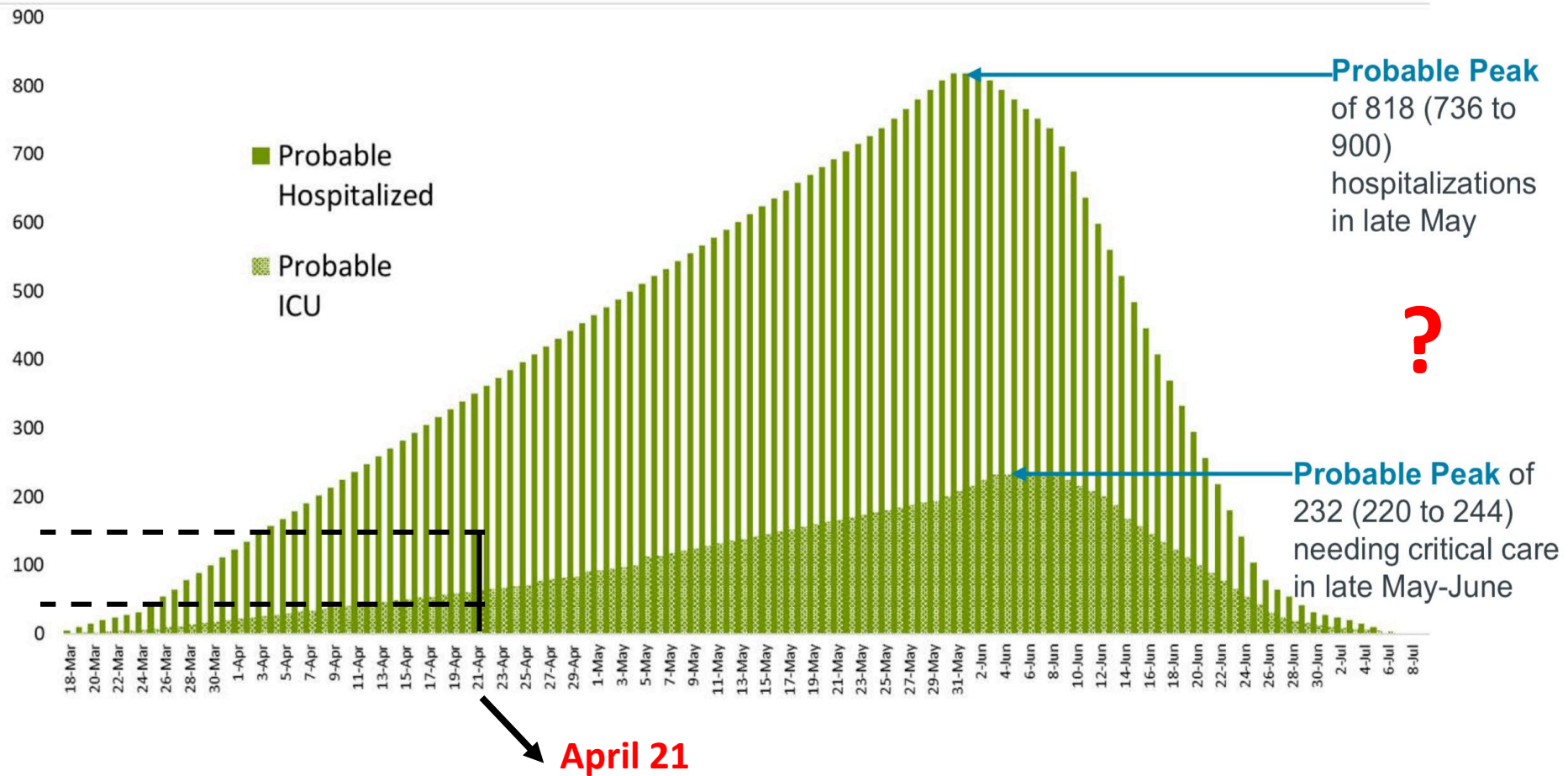
# APRIL 21



# Alberta April 21 – 3,095 Cases



# April 21 Data Mapped to Probable Scenario Model



# Critical Care SCN

## COVID Update

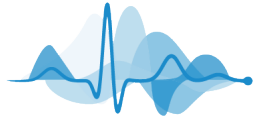




Critical Care Strategic Clinical Network.

# Provincial Webinar

- **Date:** Thursday April 23rd
- **Time:** 2:30 -3:30
- Zoom – invitation sent via email last week
- **Registration:**  
[https://albertahealthservices.zoom.us/webinar/register/WN\\_d-D5j\\_qCRtSRJSZtXacXFQ](https://albertahealthservices.zoom.us/webinar/register/WN_d-D5j_qCRtSRJSZtXacXFQ)



# COVID-19 Critical Care Literature Update

Literature published up to April 10, 2020

Dan Niven and Chip Doig

# ST-Segment Elevation in COVID-19

- Yes, we are presenting this again...there's new data intensivists need to be aware of
- Reminder of local experience
  - PLC ICU
  - **3 COVID-19 admissions experienced ST-segment elevation (STE)** – all male > 50 years of age with comorbidities...**All 3 with died**



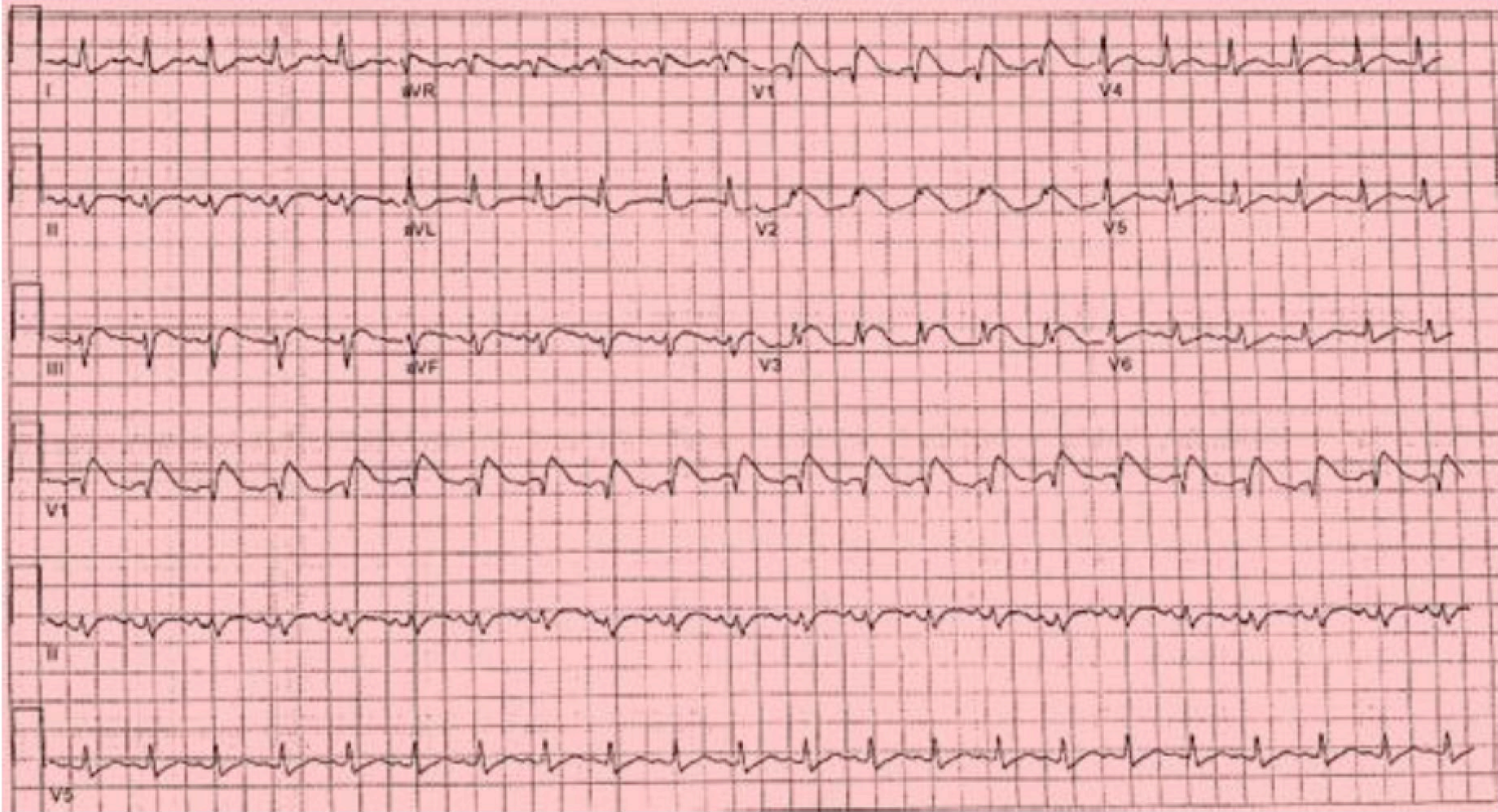
### ST-Segment Elevation in Patients with Covid-19 — A Case Series

- **18 patients** with COVID-19 and **ST segment elevation**
  - Admitted to one of 6 hospitals in NYC
  - Median age 63; 15/18 (83%) male sex
  - N = 12 intubated; n = 7 had shock
- 
- **N = 14 (78%) focal ST segment elevation**

Yatskar et al. 2020 NEJM; doi: 10.1056/NEJMc2009020

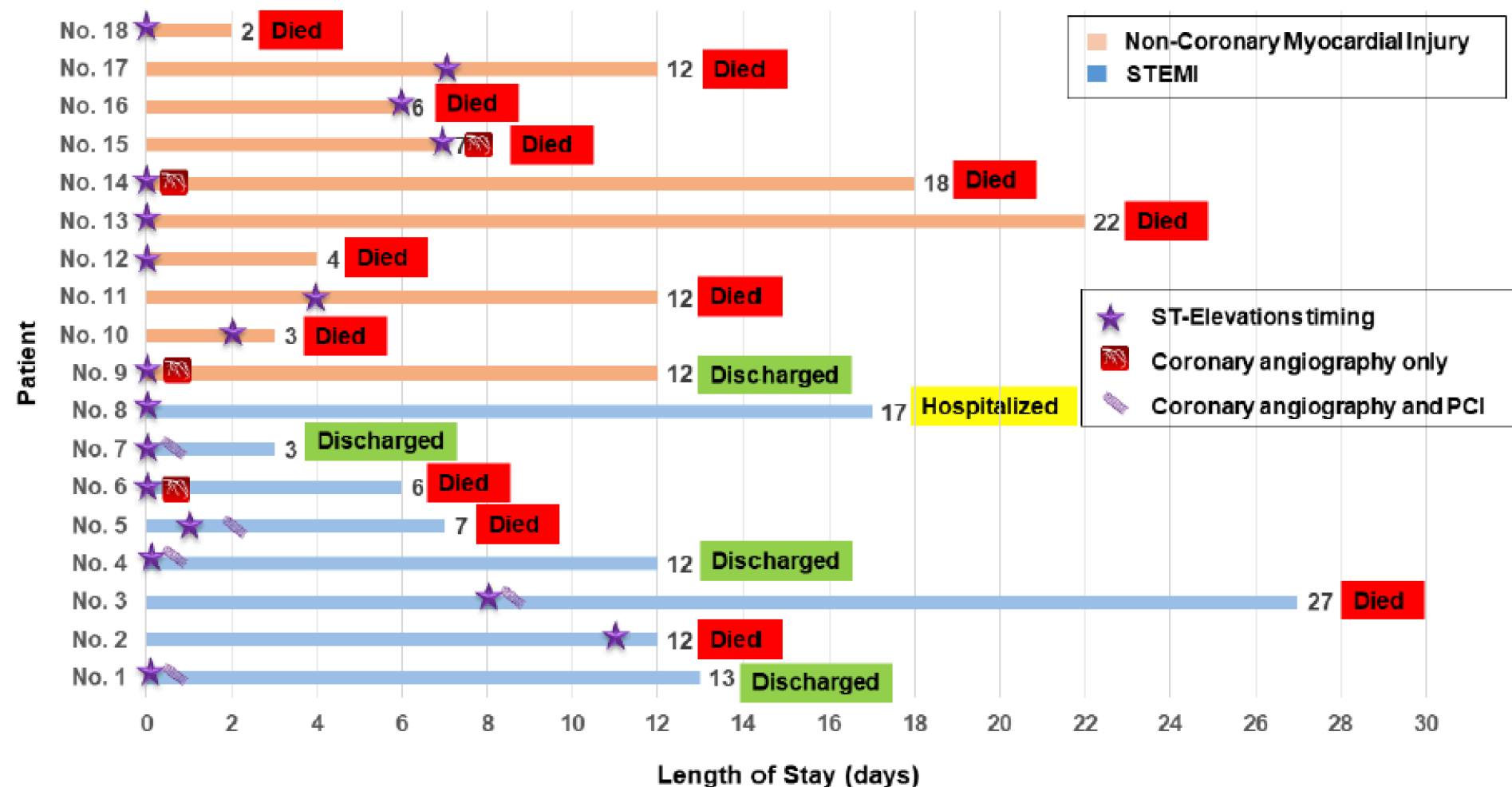


Patient #16



Yatskar et al. 2020 NEJM; doi: 10.1056/NEJMc2009020





Yatskar et al. 2020 NEJM; doi: 10.1056/NEJMc2009020



# ST-Elevations on EKG (N=18)

**Diffuse ST-Elevations  
N=4 (22%)**

**Focal ST-Elevations  
N=14 (78%)**

**Normal EF  
N=3 (75%)**

**Low EF  
N=1 (25%)**

**Normal EF  
N=5 (36%)**

**Low EF  
N=8 (57%)**

**No Echo  
N=1 (7%)**

**Regional WMA?**

**Regional WMA?**

**Regional WMA?**

**Regional WMA?**

**No  
N=3 (100%)**

**Yes  
N=0 (0%)**

**No  
N=1 (100%)**

**Yes  
N=0 (0%)**

**No  
N=4 (80%)**

**Yes  
N=1 (20%)**

**No  
N=3 (38%)**

**Yes  
N=5 (62%)**

**Cath  
N=0**

**Cath  
N=0**

**Cath  
N=1 (100%)**

**Cath  
N=0 (0%)**

**Cath  
N=0 (0%)**

**Cath  
N=1 (100%)**

**Cath  
N=2 (67%)**

**Cath  
N=4 (80%)**

**Cath  
N=1 (100%)**

**Obstructive  
CAD  
N=0 (0%)**

**Obstructive  
CAD  
N=1 (100%)  
PCI=0 (100%)**

**Obstructive  
CAD  
N=1 (50%)  
PCI=1 (100%)**

**Obstructive  
CAD  
N=4 (100%)  
PCI=4 (100%)**

**Obstructive  
CAD  
N=0 (0%)**

**Died  
N=3 (100%)**

**Died  
N=0 (0%)**

**Died  
N=4 (100%)**

**Died  
N=1 (100%)**

**Died  
N=3 (100%)**

**Died  
N=1 (25%)**

**Died  
N=1 (100%)**

**Normal EF: 8/8 died (100%)**

**Low EF: 4/9 died (44%)**

Yatskar et al. 2020 NEJM; doi: 10.1056/NEJMc2009020

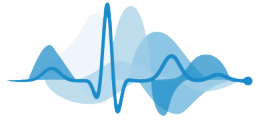


# Implications of ST-Segment Elevation in COVID-19

- Mechanism of STE in COVID-19 not clear, but not an uncommon complication esp. in severe illness
- **Focal STE is most common observation**
  - Traditional STEMI vs noncoronary myocardial injury
- **HIGH MORTALITY!...13/18 died (72%)**
  - Normal EF NOT protective – all 8 died...

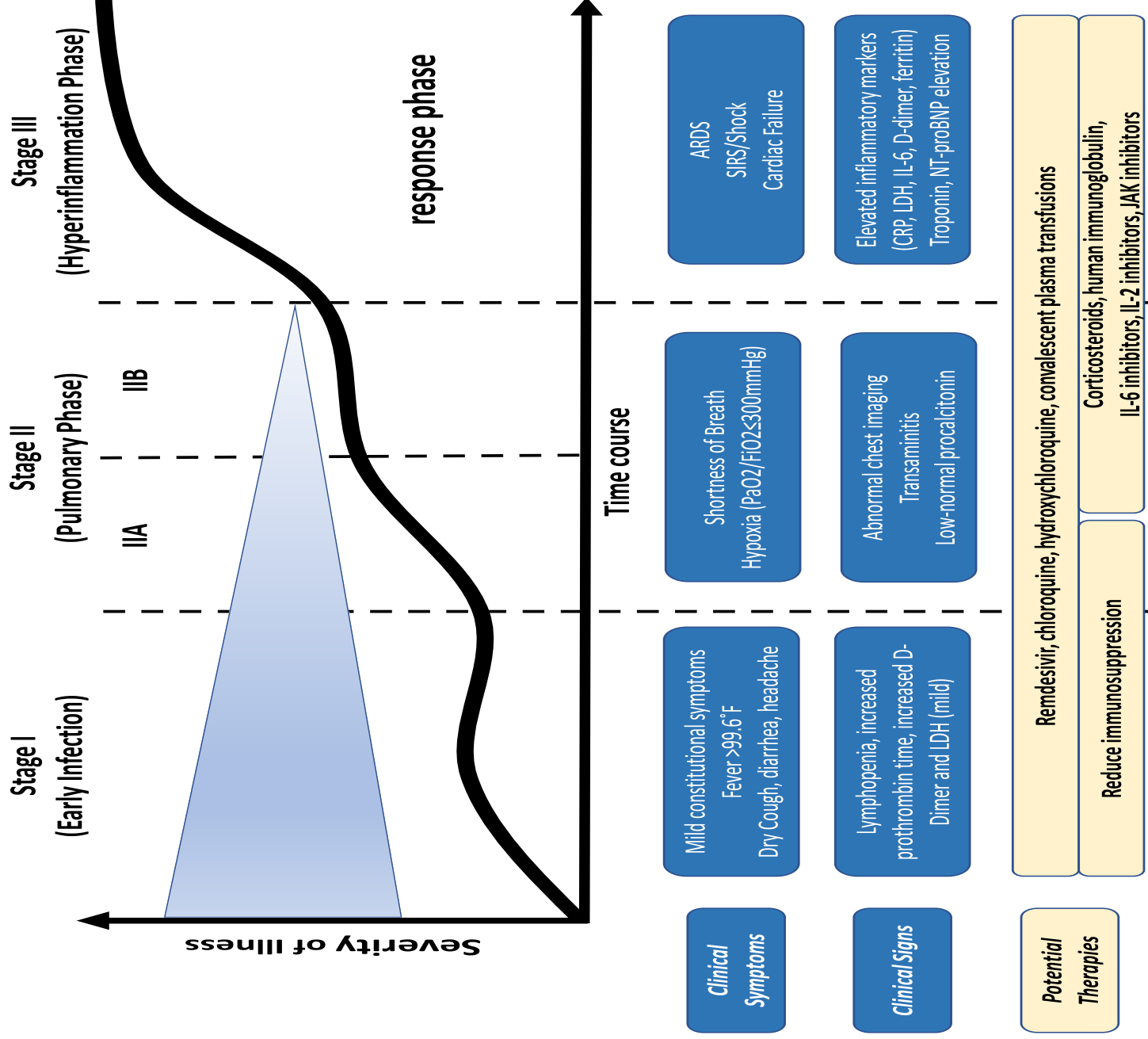




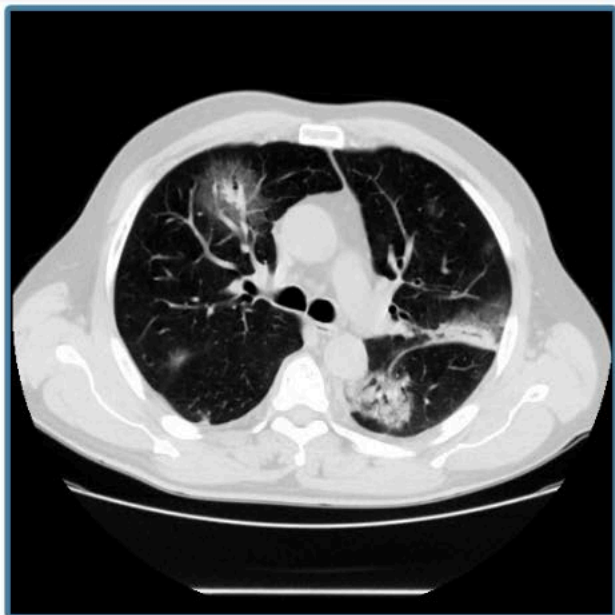


# COVID-19 Phenotypes and Proning

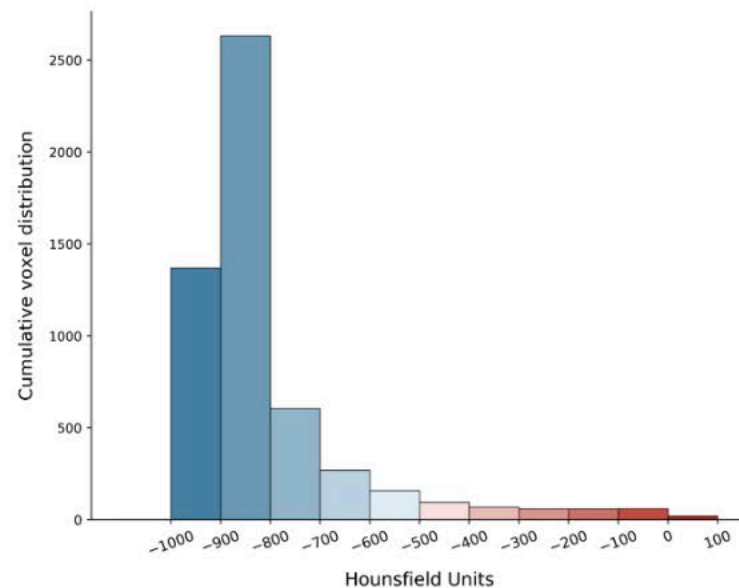
Jonathan Gaudet and Ken Parhar



A



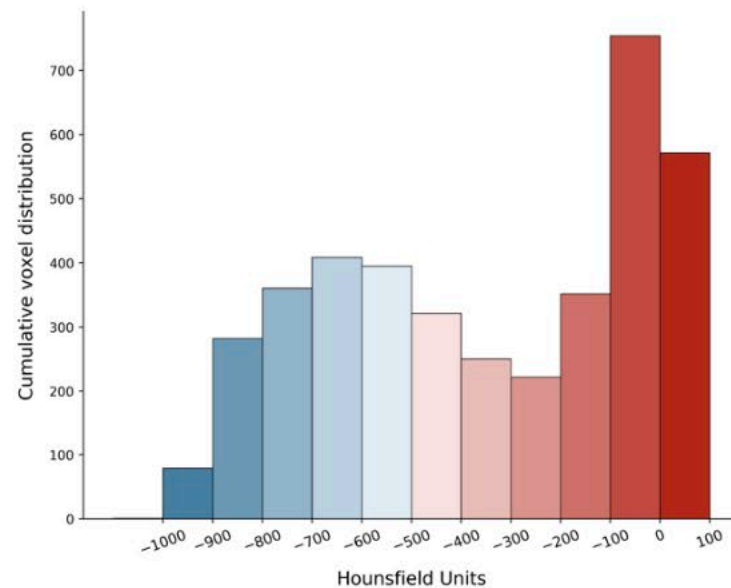
$\text{PaO}_2/\text{FiO}_2$   
95 mmHg



B



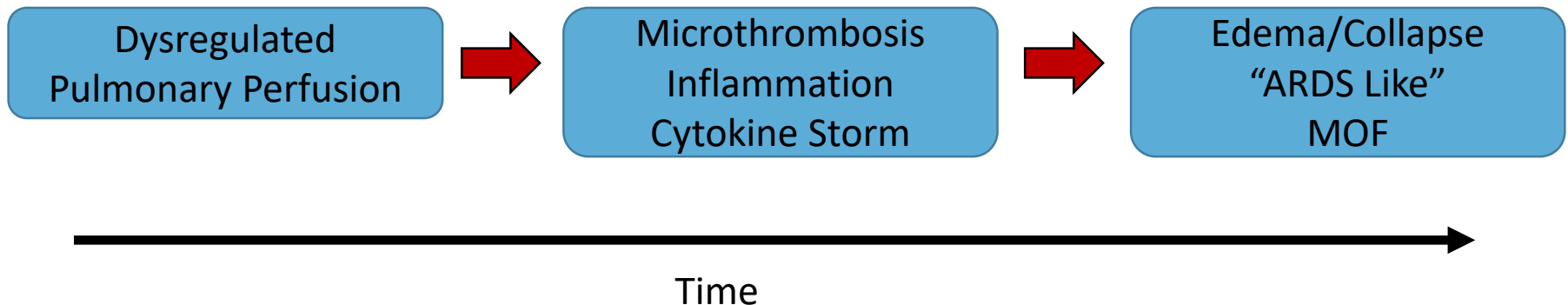
$\text{PaO}_2/\text{FiO}_2$   
84 mmHg

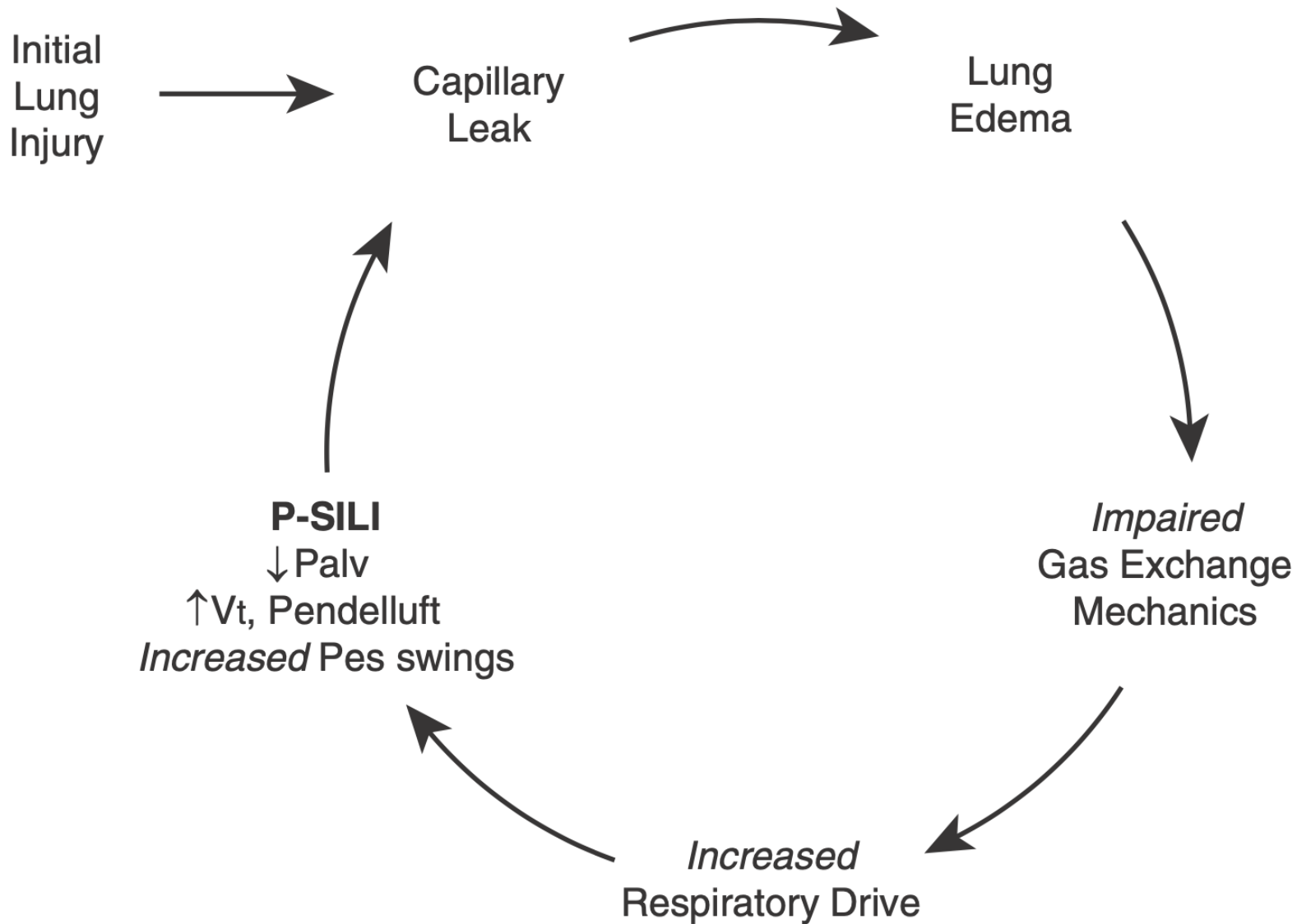


# COVID-19 Phenotypes

- Low Elastance
- Low V/Q
- Low recruitability
- Limited “PEEP response”
- High Lung Elastance
- Higher Recruitability
- High R to L Shunt
- Higher “PEEP Response”

**L Phenotype**  **H Phenotype**





# Implications of COVID Phenotypes

- Hypothesis
- Spectrum of disease exists
- Evolution over time
- Individualized care:
  - Understand patient physiology
  - Clinical trajectory important
  - Not a “one-size-fits-all” approach



# Upcoming Town Halls...

- What do you want to learn next?
  - Autopsy case series
- What are the emerging issues we need to address as a Department?
- Send ideas and thoughts to:
  - Jon Gaudet, Dan Niven, Chip Doig, Amanda Roze



## *Care for all patients*

We aim to provide all patients  
with the care they need

## *Safety for all staff*

We aim to protect all team members  
from SARS-CoV-2