

## Calgary Zone Department of Emergency Medicine COVID GR

### Q&A – April 16th

1. I heard there is an outbreak in FMC maternity ward.  
See this article with comments from Dr. John Conly -  
<https://calgaryherald.com/news/staff-at-foothills-maternity-ward-tested-positive-for-covid-19/wcm/1e3cd646-0866-435f-b165-81e2ed0fedfb/>

---

2. Criteria to enter the pathway is still restricted to confirmed, probable and possible, which have specific criteria. What about all other ILI patients where clinical suspicion is high? Usual referral path?  
Yes  
and it is a very good point. Almost all patients at this phase will go down the R hand side of the algorithm

---

3. Thanks to everyone that worked out the pathway and the work sheet - given that it has all the relevant data, has there been discussion about using this as the primary documentation and charting for the patient visit? A note on the ED face sheet may redirect the reader to the worksheet.  
Because it is in draft form, and still being trialed, we have not put it into official AHS format. However, if it has a patient sticker on it, it will be part of the permanent patient record.

---

4. We are presently having more success direct admitting to IM than to hospitalist groups thru RAAPID. We are working on the other piece.  
Bruce and I are working with Jim Eisner to develop a direct admission pathway for hospitalist patients from UCC, especially those requiring simple isolation, when the ASIS is unavailable

---

5. Is there any chance that hospitalist team will be able to start taking direct admissions from outside the ER? Currently patients who require a hospitalist admission have to be transferred to the ED first, which is frustrating coming from urgent care.  
From Neil - Bruce and I are working with Jim Eisner to develop a direct admission pathway for hospitalist patients from UCC, especially those requiring simple isolation, when the ASIS is unavailable

## Chat

---

Link to UofC ED COVID resource page that also has the admission flow diagram and clinical form is also at the top of the ED COVID order set. Also the SAG (Scientific Advisory Group) are posting all their summaries as far as AHS cars and evidence on the web: <http://ahs-cis.ca/sag>

<https://cumming.ucalgary.ca/departments/emergency-medicine/resources/ed-covid-19-updates>

---

Except we do swabs on all ILI pts now right?

correct- you can swab for COVID

---

I personally strongly feel all people over 60 in Calgary (or Alberta for that matter) should be having a telehealth phone consult with their GP re. Goals of Care and have this documented (can bring with them to hospital or placed on Netcare). Meeting a patient for 5-10min and having this discussion should be a last resort.

---

NB: due to NP swab depletion, we are moving to throat swabs and new collection kits for this. For Peds nasal aspirates instead.

See most recent lab bulletin on HOW TO collect throat swabs (what swab to use and WHERE to collect from in throat)

---

From Kelsey - PFSP website: <https://www.albertadoctors.org/services/pfsp> and this - Wellness Hub Needs Survey: [https://docs.google.com/forms/d/e/1FAIpQLSfJE2HcTy4eBaJxnjla1Mq8atmhj6frETsZlea0SI\\_nclVOpQ/viiewform](https://docs.google.com/forms/d/e/1FAIpQLSfJE2HcTy4eBaJxnjla1Mq8atmhj6frETsZlea0SI_nclVOpQ/viiewform)

Both of these are on the website as well