

Admissions Pathway for Medical/Surgical Patients During Pandemic (Peter Lougheed Hospital)

Guiding Principles

- Eliminate/Reduce possible transmission of COVID-19 amongst patients and Health Care Workers
 - To be accomplished by “Cohorting” higher risk patients on special COVID units
- Safe but efficient transfer of patients from PLC ER to appropriate medical/surgical units
 - High risk (COVID confirmed or PROBABLE) will have streamlined admission.
- Patient care is shared amongst all services (Emergency, Surgery/Obstetrics, and Medicine)
- No flowchart can completely eliminate risk.
- If there is any doubt, the patient will remain on appropriate contact/droplet precautions, regardless of their location

IMPORTANT Definitions

- 1) **CONFIRMED:** A patient with laboratory confirmation of infection with the virus that causes COVID-19
- 2) **PROBABLE:** a person with any combination of Criterion 1&2, 1&3, 2&3, or 1&2&3 (At least 2 of the listed Criteria)
- 3) **POSSIBLE:** a person with any one of the criteria (can be asymptomatic with Criterion 2 or 3)
- 4) **Isolation:**
 - a) COVID-19 Isolation requires CONTACT/DROPLET precautions.
 - b) **Patients may require ISOLATION be maintained despite a negative COVID-19 swab** including
 - i) Other ILI infection, or Antibiotic resistant organisms
 - ii) Suspicion of False Negative results from COVID-19 swab

Criterion 1	Criterion 2	Criterion 3
- Fever of >38C OR - New cough/worsened chronic cough OR - New dyspnea/worsened chronic dyspnea OR - Sore throat OR - Runny nose	in the 14 days before onset of illness, a person who - Hx of travel outside Canada OR - Close contact of traveler with acute respiratory illness NYD OR - Close contact with confirmed or probable COVID case OR - Exposure to Lab / biologic material known to contain COVID-19	- CXR or CT findings - (Ground glass opacities) Do NOT order a CT unless indicated for other diagnostic purposes.

Terminology that is not Approved, but will be used anyways

HOT Unit: A medical unit where (if at all possible) all COVID CONFIRMED or COVID PROBABLE patients will be admitted/transferred to. All patients admitted to a HOT unit will be dedicated COVID team physicians (either Acute Care Internal Medicine or Hospitalist depending on complexity)

WARM Unit: A medical or surgical unit where patients can be admitted by any attending service (as determined by the unit). These patients can be POSSIBLE COVID patients awaiting swab results, or known COVID negative patients. The POSSIBLE COVID patients will be kept on appropriate isolation (at least contact droplet) until their results are known. If the patient is COVID positive, then they will be transferred to a dedicated COVID HOT unit (unless the patient requires certain services not available on a HOT unit) and will be kept on appropriate isolation precautions.

COLD unit: A medical or surgical unit where efforts are taken to ensure the patients are COVID negative. Patients admitted to COLD units will be preferentially chosen from vulnerable/immune compromised patient populations.

Admissions process for Medical/Surgical Patients during Pandemic at Peter Lougheed Hospital

Admitting Services

MEDICAL	SURGICAL	OBS/GYNE	PSYCHIATRY
General Medicine	General Surgery	Obstetrics	
Hospitalist	Orthopedics	Gynecology	
Pulmonary	Vascular		
Gastroenterology	Plastics		
Cardiology	ENT		
	Oral Surgery		

When a patient presents to PLC ER, they belong to one of four categories:

High Risk

- A) CONFIRMED COVID (+) patient
- B) PROBABLE COVID (+) patient

Lower Risk

- C) POSSIBLE COVID (+) patient
- D) COVID (-) patient

For Medical or Surgical (including non-obstetric Gynecology) patients:

HIGH Risk patients should be referred to the COVID service for admission by Emergency (or by the surgical service if they have already assessed the patient in ER). The most appropriate surgical service will be consulted to follow along and manage issues according to their expertise.

If the consulting service is adamant that the patient be admitted under them directly, then the patient will be admitted to a "WARM" unit, that has the ability to provide appropriate isolation precautions.

Lower Risk patients should be referred to the historically most appropriate service.

If a patient is admitted to the "HOT" or dedicated COVID service, and is found to be COVID negative, then the surgical service will accept the patient in transfer, and the patient transferred to an appropriate surgical unit. NOTE: There may be circumstances where the patient remains on Isolation precautions despite a negative COVID swab.

For Obstetric patients

High Risk

If the pregnant patient is presenting with an obstetrical issue, the on call Obstetrician will determine if it is appropriate for the COVID CONFIRMED/PROBABLE patient to be admitted to the COVID ward under the care of a COVID Internist. The Obstetrician may elect to admit the patient to an Obstetrical isolation bed under the care of Obstetrics. If the patient is between 23-32 weeks, the patient will likely be transferred to High Risk Obstetrics at FMC

Lower Risk patients should be admitted to Obstetrics, dependent on isolation bed availability

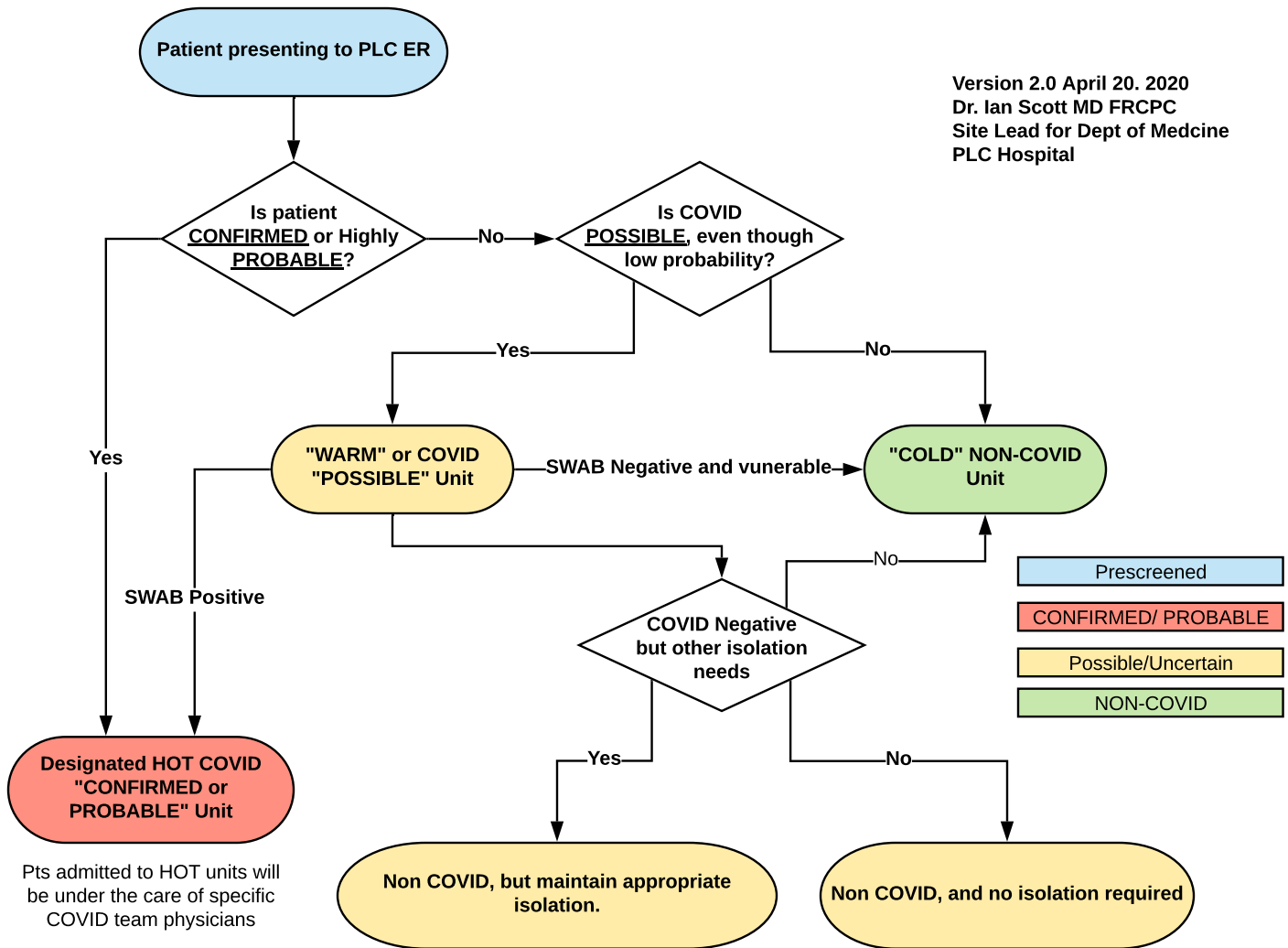
For Psychiatry patients

Psychiatry has developed it's own protocol for admission. It is understood that Psychiatry patients (even if low risk) will not be admitted to a medical bed while awaiting results from a COVID/ILI swab.

General Principles

Admission and Disposition decisions for Patients entering the PLC Emergency Department

Version 2.0 April 20, 2020
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PLC Hospital



Definitions

Confirmed: a person with laboratory confirmation of infection with the virus (SARS-CoV-2) that causes COVID-19

Probable: a person with any combination of Criterion 1&2, 1&3, 2&3, or 1&2&3
(At least 2 of the listed Criteria)

Possible: a person with any **one** of the criteria (can be asymptomatic with Criterion 2 or 3)

<p>Criterion 1:</p> <ul style="list-style-type: none"> • Fever of >38C OR • New cough/worsened chronic cough OR • New dyspnea/worsened chronic dyspnea OR • Sore throat OR • Runny nose 	<p>Criterion 2: in the 14 days before onset of illness, a person who</p> <ul style="list-style-type: none"> • Hx of travel outside Canada OR • Close contact of traveler with acute respiratory illness NYD OR • Close contact with confirmed or probable COVID case OR • Exposure to Lab / biologic material known to contain COVID-19 	<p>Criterion 3:</p> <ul style="list-style-type: none"> • CXR or CT findings • (Ground glass opacities)
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HOT COVID CONFIRMED OR PROBABLE Unit:

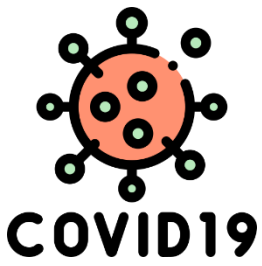
A Hospital unit that has been designated for COVID positive patients only, or patients deemed to be highly Probable
ALL patients on a HOT unit require contact/droplet isolation for COVID

WARM COVID POSSIBLE Unit:

A Hospital unit that has been designated for possible COVID positive patients or COVID negative patients that are not immune compromised
Not all patients require isolation:
ALL possible COVID patients require contact droplet isolation
Some patients may be isolated for other medical reasons
Some immune compromised patients may be on a warm unit pending COVID results

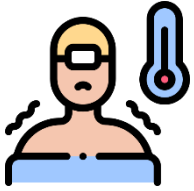
COLD NON COVID Unit:

A Hospital unit that has been designated for confirmed COVID negative patients, ESPECIALLY those that are immune compromised
Some patients may be isolated for other medical reasons

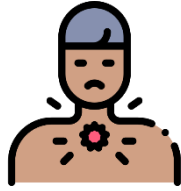


POSSIBLE, PROBABLE OR CONFIRMED?

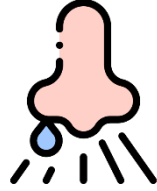
CRITERION 1 – Symptoms (any or combination of)



Fever > 38°C



Sore throat



Runny nose



Cough



Shortness of breath /
difficulty breathing

POSSIBLE

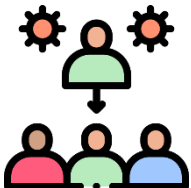
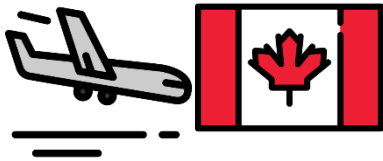
- Person w/ Criterion 1 or 2 or 3 or
- Person that is asymptomatic w/ Criterion 2 or 3

PROBABLE

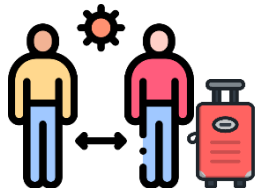
- Person w/ any combination of Criterion 1&2, 1&3, 2&3 or 1&2&3

CRITERION 2 – 14 Days Before Onset of Illness (any or combination of)

Travel outside
Canada



Close contact w/
probable or confirmed
COVID case



Close contact of
traveler w/ acute
respiratory illness

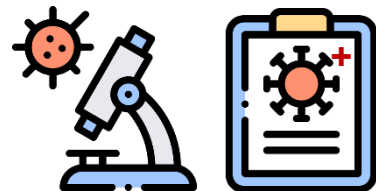
Laboratory exposure
to biological material
known to contain
COVID



CONFIRMED

ALBERTA PRECISION
LABORATORIES

Leaders in Laboratory Medicine



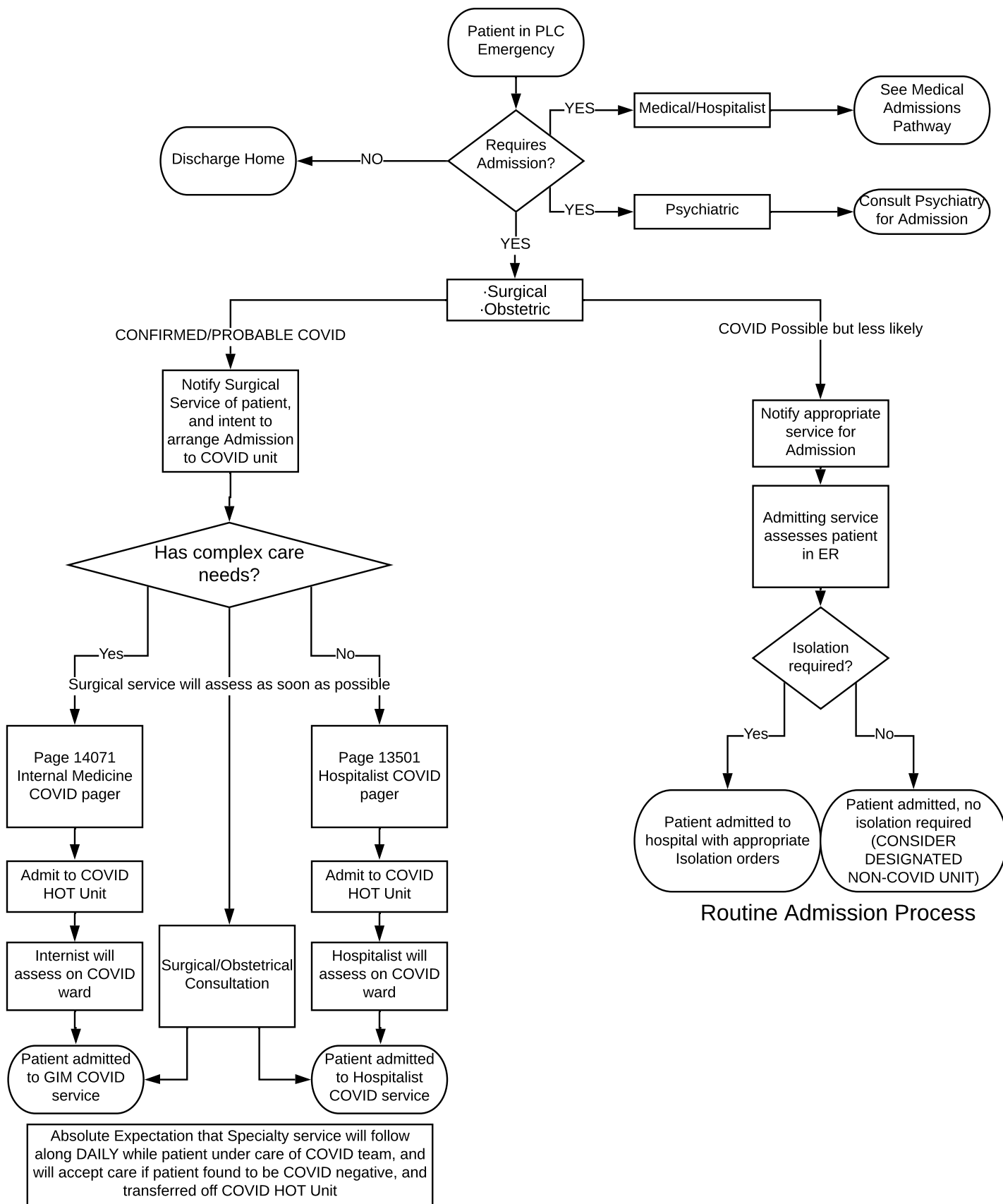
A person with
LABORATORY
CONFIRMATION of
infection with SARS-
CoV-2 virus

CRITERION 3 – Chest X-Ray or CT Findings



Ground glass opacity on CT or consolidation on X-Ray or CT not explained by more likely diagnosis

Surgical/Obstetric Pandemic Admission Flowsheet for Peter Lougheed Hospital

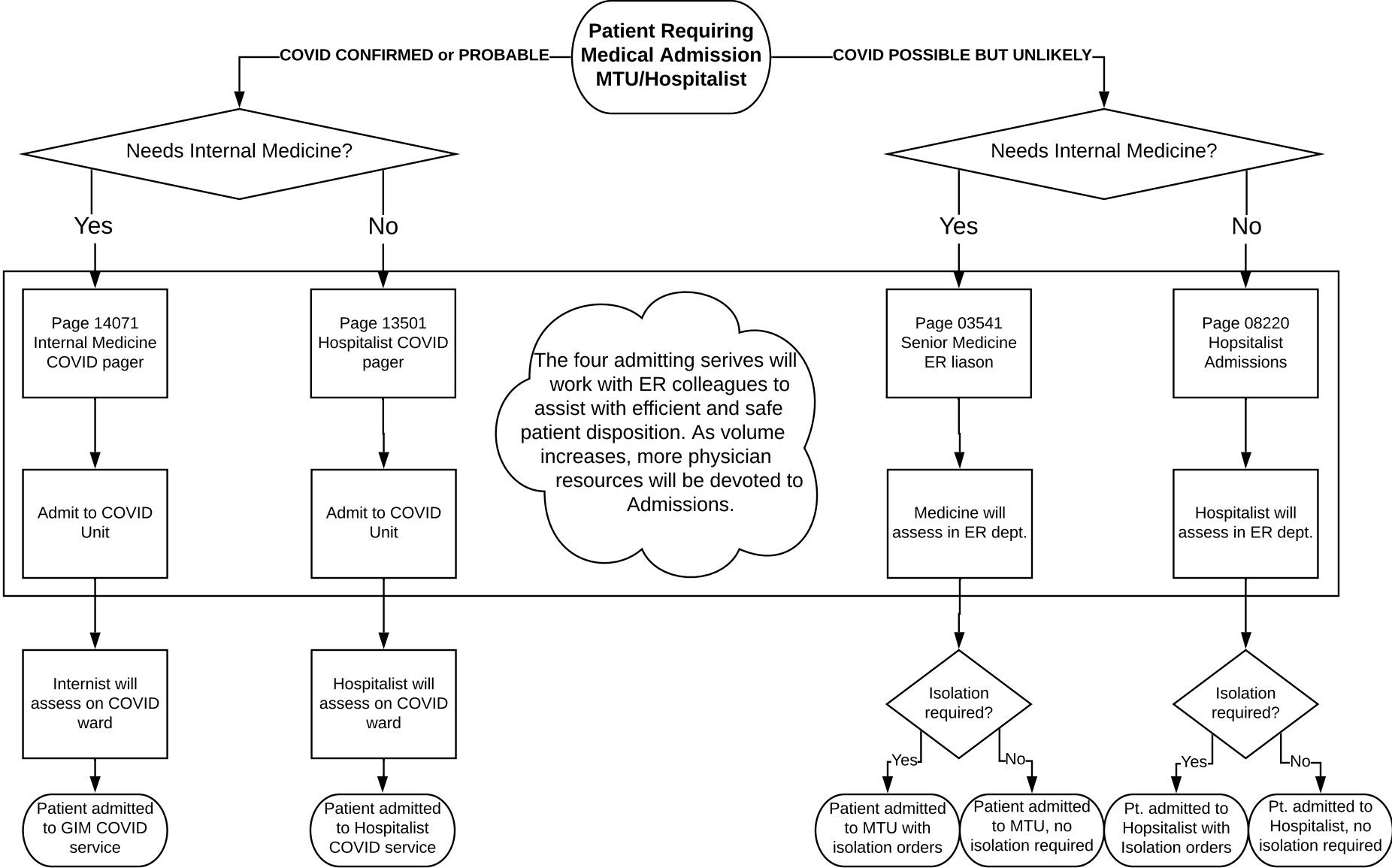


Streamlined Admission Process

Routine Admission Process

Absolute Expectation that Specialty service will follow along DAILY while patient under care of COVID team, and will accept care if patient found to be COVID negative, and transferred off COVID HOT Unit

Medicine/Hospitalist Pandemic Admission Flow Sheet for Peter Loughheed Hospital



Streamlined Admission Process

Routine Admission Process