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

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

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>SURGICAL</th>
<th>OBS/GYNE</th>
<th>PSYCHIATRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>General Surgery</td>
<td>Obstetrics</td>
<td></td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Orthopedics</td>
<td>Gynecology</td>
<td></td>
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<tr>
<td>Pulmonary</td>
<td>Vascular</td>
<td></td>
<td></td>
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<tr>
<td>Gastroenterology</td>
<td>Plastics</td>
<td></td>
<td></td>
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<tr>
<td>Cardiology</td>
<td>ENT</td>
<td></td>
<td>Oral Surgery</td>
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**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

**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)

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<td>• CXR or CT findings • (Ground glass opacities)</td>
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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

**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

**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

**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

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**Swab sample for lab test**

**CONFIRMED**

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

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**Surgical/Obstetric Pandemic Admission Flowsheet for Peter Lougheed Hospital**

**Patient in PLC Emergency**
- Requires Admission?
  - YES: Medical/Hospitalist
    - See Medical Admissions Pathway
  - YES: Psychiatric
    - Consult Psychiatry for Admission

**Surgical/Obstetric**
- CONIRMED/PROBABLE COVID
  - Notify Surgical Service of patient, and intent to arrange Admission to COVID unit
  - Has complex care needs?
    - Yes: Surgical service will assess as soon as possible
      - Page 14071 Internal Medicine COVID pager
        - Admit to COVID HOT Unit
        - Internist will assess on COVID ward
        - Patient admitted to GIM COVID service
      - Surgical/Obstetrical Consultation
    - No: Routine Admission Process
      - Page 13501 Hospitalist COVID pager
        - Admit to COVID HOT Unit
        - Hospitalist will assess on COVID ward
        - Patient admitted to Hospitalist COVID service

- COVID Possible but less likely
  - Notify appropriate service for Admission
  - Admitting service assesses patient in ER
  - Isolation required?
    - Yes: Patient admitted to hospital with appropriate Isolation orders
    - No: Patient admitted, no isolation required (CONSIDER DESIGNATED NON-COVID UNIT)

**Streamlined 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 Lougheed Hospital

COVID CONFIRMED or PROBABLE

Needs Internal Medicine?

Yes

Page 14071
Internal Medicine COVID pager

Admit to COVID Unit

Internist will assess on COVID ward

Patient admitted to GIM COVID service

Streamlined Admission Process

No

Page 13501
Hospitalist COVID pager

Admit to COVID Unit

Hospitalist will assess on COVID ward

Patient admitted to Hospitalist COVID service

Patient Requiring Medical Admission MTU/Hospitalist

COVID POSSIBLE BUT UNLIKELY

Needs Internal Medicine?

Yes

Page 03541
Senior Medicine ER liason

Medicine will assess in ER dept.

Isolation required?

Yes

Patient admitted to MTU with isolation orders

Patient admitted to Hospitalist with isolation orders

Routine Admission Process

No

Page 08220
Hospitalist Admissions

Hospitalist will assess in ER dept.

Isolation required?

Yes

Patient admitted to MTU, no isolation required

Pt. admitted to Hospitalist with isolation orders

No

Pt. admitted to Hospitalist, no isolation required

The four admitting serives will work with ER colleagues to assist with efficient and safe patient disposition. As volume increases, more physician resources will be devoted to Admissions.