Calgary Zone Department of Emergency Medicine

COVID Update Q&A - May 7, 2020

Q&A

Stuart is the Voice of COVID in the Calgary ED.

> Hi Scott, thank. Not sure if it is good to be the voice of a pandemic :) The working group has been s fantastic team collaboration. Privileged to be part of it.

Neil, I keep hearing through the "grapevine" about EMS PPE issues. It would help EMS leadership to document these with an RLS or even and email to Jud, Kat or myself on patient demos so that we can investigate them. Hard to track down "he said, she said" as we would like to improve this challenge.

> Thanks Kevin - will address at end of rounds.
>
> I will connect that with you offline Kevin, not sure which PPE issues you are referring to. Early on there was a lot of concern about EMS wearing N95's, but I thought that was settled. Hopefully we are respecting each others rules for wearing PPE.
>
> Happy to use the RLS system to highlight concerns though.

ASIS hotel currently has capacity

> Thanks LA.

Is the ASIS hotel able to manage COVID-swabbed patients with EtOH withdrawal patients to a certain extent?

> Yes, they can.
>
> Discuss with the medical director via RAAPID, but they have capacity to handle mild ETOH withdrawal

---

For transfers between an ED and a specialty service at a different site will RAPID conference in one of the ED physicians or do we still do that outside of RAPID?

> We are finalizing the process, but we expect that RAAPID will bring in the ED MD at the receiving site as well (mimics the out of zone process)

Please ensure to use RAPPID for potential ASIS transfers. If there are any problems, barriers ensure that ZEOC is made aware

> Thanks LA

Neil, Can we still send non-urgent referrals to these clinics? i.e. a patient with new diverticulitis on CT needs a colonoscopy in the next year or so. Can I send a non-urgent referral to GI or should I send them to their GP to get a referral once this is all over?

> No non-urgent referrals at all.

They can be sent to their FP.

If they don't have one, they can be given information on how to get one.

ASIS does not have the capacity to manage any acute medical problems. It is strictly a place to self-isolate when you have to place to go ie. NFA

Thanks LA

I can answer that. Yes for mild and moderate withdrawal, that is CIWA less than 15. On weekends and evenings when there is limited pharmacy access at ASIS we may ask that 24 hours of meds be sent with the patient. The same would be true with potential Opioid withdrawal.

Thanks Scott

Response to K. Chan. I have been working shifts at the ASIS and confirm that we can handle patients with drug (including meth and opiate) withdrawal as well as mild to moderate ETOH withdrawal.

Thanks mark

I agree with Ken that these patients say they feel exertional dyspnea and then we are surprised by the numbers as they appear well on their general exam. They are not truly asymptomatic.

Ken will these trials include use of HHFNP in ICU/wards or both, or not at all, just NRB/HFNC?

Hi Rhonda - oxygen delivery methods will be as per regional policies. You can use HHFNP anywhere it is allowed to be used..(ie negative pressure rooms). I have heard this may be liberalized in Alberta soon

Ken - my understanding of the DCCM COVID management guideline has been avoidance of heated humidified O2 - so this is not currently being used in EDs, even in neg pressures rooms in ?COVID patients. Has this guidance changed?

Stuart – Just to clarify - There is no change to the suggestions around using Optiflow in Calgary ED's. This may change as mentioned by Ken, but at present time we are not recommending the use of Optilfow in the ED.

Thanks to the entire team!

---

follow up re: electronic charting…. how many extra paper forms are we averaging for the average suspected COVID patient? Is there any way to get these to electronically auto-populated as there's probably lots of redundancy there. Probably not feasible for short term but since everything seems to be happening quickly these days, figured it's worth asking anyway

Agree that for admitted/ICU patients, the form burden may seem high (blue, intubation, pink). Auto population of research forms is on my wish list, but probably will only happen with transition to Connect Care

Wasn’t a question but thanks Andrea/Andrew… more of an ask to keep on the radar! Thanks guys

Chat

10:43:17 From Stuart Rose: Please remember the ED / PCN pathway is still in draft form and Andrew’s update if for your information only at this stage. It is not live yet. Andrew will let us know via email when it is available for us to use in practice