COVID-19

GUIDELINES FOR REFERRAL TO EMERGENCY DEPARTMENTS

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NORTH MEMORIAL HEALTH

Emergency Departments (EDs) are at risk of becoming overwhelmed with high patient volumes during the COVID-19 pandemic and can put patients at risk for treatment delays (both COVID and non-COVID). To mitigate these risks, it is prudent to appropriately refer to the ED for:

- emergent diagnostic evaluation,
- resuscitative interventions (treatment of intractable vomiting, moderate-severe dehydration), and,
- a conduit for criterion-based inpatient treatment.

All inpatient COVID-19 therapeutic interventions have room air hypoxia as a baseline treatment criterion.

KEY POINTS

For patients with confirmed or suspected COVID-19 illness, these are guidelines for referring to an Emergency Department:

- Hypoxia, room air persistently <90%
- Significant dyspnea regardless of SaO2
- Symptoms concerning for pulmonary embolism or congestive heart failure
- Concern of significant dehydration and inability to hydrate PO (excessive vomiting)
- Clinical evidence of acute end organ impairment:
    - Hypotension
    - Confusion / lethargy / evidence of encephalopathy
    - Exacerbation of chronic disease (i.e., diabetes, COPD, CHF)

Specific guidance for suspected COVID-19 without hypoxia

- Chest imaging and labs are not generally required to triage patients to self care at home vs. ED. See above recommendations
- Empiric antibiotics are not typically recommended for suspect COVID-19 patients. However, antibiotics may be appropriate for those with suspected community acquired pneumonia, such as those patients with focal rales or lobar infiltrates on x-ray.
- It may be reasonable to recommend higher risk patients (elderly, chronic illness, other comorbidities such as obesity) purchase an oxygen saturation monitor for home use.
    - Patients who have been discharged from clinic or urgent care and subsequently develop significant chest pain, mental status changes, significant dyspnea, persistent oxygen saturation at rest below 90%, or have other severe symptoms should be referred to the ED.