Orientation to Inpatient COVID-19 Care

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HOSPITALIST STRUCTURAL OVERVIEW & WORKFLOW

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Hospitalist Team Structure (Non-Surge)

**TRIAGIST**
Gatekeeper- Takes calls from ED, ICUs, Clinics, outpatient facilities
Helps with rapid assessments and assignment of patients to teams

**DIRECT CARE TEAMS (A-G)**
1 Hospitalist + 1 APP on each team

**TEACHING TEAMS**
Work with 1 Upper Level (PGY-2/PGY3) resident+ 2 Interns

**TRANSPLANT TEAMS 1 & 2**
1 hospitalist per team caring for half the transplant patients.
Night & Cross Cover Staffing and Roles

Night Attendings (2)
- Triage requests from the ED
- Help with admissions and cross cover
- Staff with residents and interns

Night Resident (1)
- Admissions
- Medicine Consults

Night Interns (2)
- Admissions
- Cross Cover on Teaching Teams

Night APP (1)
- Cross Cover on Direct Care Teams
Hospitalists shift to care for COVID teams including COVID ICU teams.

Optimize Medicine Service Workflow

Off service (Non-Hospitalist) attendings assigned with learners to Teaching teams.

Off-service (Non-Internal Medicine) residents may be assigned with hospitalists on COVID teams.
Typical Day On Teaching Service

- **Day Starts 7-8AM** with review of overnight events and any new admits. Flash rounds between 8:30-9:00AM
- **Target is for rounds to be done by 11AM**
- **Each team has an afternoon flash rounds to plan disposition for the next day.**
- **Staff new admissions with your team until the end of your shift.**
- **Call shift until 8PM (every 6th day) Staff new admits assigned by 6PM**
- **Non-call / regular shift: Staff new admits assigned to your team before 4PM**
Case management / Power Through Flash rounds

Goal: Help with workflow and facilitating discharge by coordinating transition of care to discharge facility, setting up discharge transportation, home health, etc.

• Morning: Discuss discharge status for each patient on the list. Anticipate and address any potential barriers to discharge. Prioritizing ancillary services such as PT/OT/ST to a patient if these services are rate limiting factors to discharge.

• Afternoon: Follow up on any issues and anticipate patient to discharge the next day
Typical day on Direct Care Team

- **7:00 AM**: Day starts at 7am to review new admissions and chart check for the day.
- **8:00 AM and 9:00 AM**: AM Flash rounds occur between 8am and 9am depending on which team you’re on.
- **8:00 AM and 9:00 AM**: AM Flash rounds occur between 8am and 9am depending on which team you’re on.
- **4:30 PM**: Update the checkout sheet and start signing out to APP cross cover, then complete documentation/billing and follow up on pending items.
Caring for COVID-19 at UHS

HOLLY DAY, MD
Common Presentations

Symptoms:
- Most common: Cough, fever, malaise/fatigue
- Additional symptoms: Myalgias, nausea or diarrhea, change in smell/taste
- Alarm Symptoms: Shortness of breath, chest pain

Exposure History:
- High-risk exposure history: Healthcare workers, recent travel to an area with high transmission, known exposure to a PUI or COVID+ patient.
- Community transmission is occurring in San Antonio
Differential Diagnosis

COVID-19

Pretend you were seeing the patient 4 months ago. What would you have suspected back then?

Differential diagnosis for FEVER and/or SHORTNESS OF BREATH

- Community acquired pneumonia – viral vs. bacterial
- COPD / Asthma Exacerbation
- Volume overload – acute heart failure, renal failure, cirrhosis
- Pulmonary Embolism
- Myocardial Infarction
- Malignancy
- And more...
Routine Studies

COVID-19 test
Respiratory Viral PCR
Sepsis work-up: blood cultures, urinalysis w/ culture, lactic acid
Pneumonia work-up: sputum culture, procalcitonin, legionella antigen
Inflammatory Markers: D-dimer, ESR/CRP, ferritin, LDH, CK
CMP, CBC with differential
Imaging: CXR or CT on admission
EKG on admission
Deciding Level of Care

Recommend Critical Care Consult if:
- High or rapidly-increasing oxygen needs (>4-6 liters O2)
- Respiratory rate >30 and/or respiratory distress
- pH <7.3 with or without hypercapnia
- Hypotension unresponsive to appropriate fluid bolus

Target floor patients to a negative-pressure room if:
- They have any of the above findings, or additional clinical information that makes them high risk for needing intubation
- They have conditions that make them likely to need aerosolizing procedures (OSA on CPAP/BIPAP, tracheostomy, etc.)
Management: Treatment and Supportive Care

Pretend you were seeing the patient 4 months ago. How would you have treated them then?
- Antibiotic coverage for CAP and/or sepsis: Start now, de-escalate later

COVID-19 Specific Care: Subject to Change
- Oxygen therapy: Via simple nasal cannula. Generally avoid high-flow nasal cannula, CPAP or BIPAP.
  - Consider self-proning for floor patients
- Hydroxychloroquine + Azithromycin can be considered for confirmed cases in immunocompromised patients and patients with high risk comorbidities
- Infectious Disease guides enrollment in Remdesivir trial, experimental use of Tocilizumab, Kaletra, or convalescent plasma
- Family communication
Discharge

Clinical stability:
◦ No need for supplemental O2, or return to baseline O2 usage*
◦ Fever controllable with Tylenol

Appropriate home conditions for safe isolation
◦ Separate room in the household for patient, ideally with separate bathroom
◦ Access to necessities (food, medicines, PPE for patient’s caregiver, etc.)
◦ No household members with high-risk comorbidities (age >65, COPD, cardiac disease, immunosuppression)

Discontinuing Isolation
◦ 7 days since symptom onset
◦ PLUS 3 days of no fever (with no fever-reducing med use)
◦ PLUS significant improvement in symptoms
Facing Fear

Will I be expected to perform beyond my capabilities?
What risk does this exposure pose to me and my household?

Remember:
- You are never alone
- The vast majority of people who get this infection DO SURVIVE
- The patient is more afraid than you are
- Taking care of sick, scared people is what we trained for
VIDEO TUTORIAL: ADMISSION PROCESS
A Video Walkthrough: Admission & Daily Tasks

RAUDEL RODRIGUEZ, MD
Hospitalist-In-Time Orientation

Part I: Admission, Chart Check, and Daily Tasks
Questions?