COVID-19 Provincial Pandemic Flowsheet
Admission to Acute Care (from ED, Assessment Centre or Observation Unit)

Patient with ILI presentation OR Confirmed COVID-19 positive (prior community swab)

Use clinical judgement (consider CURB-65 score)
Note: determine disposition after appropriate period of observation

- Patient stable
  - No O₂
  - CURB-65 ≤ 2

- Patient unwell
  - O₂ required
  - CURB-65 > 2
  - Not suitable for community care

Is the patient eligible for:
- Home Treatment and / or
- Outpatient Follow-up?

Is the patient rapidly deteriorating:
- Respiratory distress
- O₂ requirements increasing?

- Yes → Goals of Care
  - R1, R2, R3
  - M1, M2, M3, C1, C2

- No → Patient requires inpatient care***
  (send admission for COVID-19 notification to Primary Care Provider)

- No → Goals of Care
  - M1, M2, M3, C1, C2

CURB-65 criteria (use based on available information):
- Confusion (acute confusion above baseline)
- BUN > 7 mmol/L
- Respiratory Rate ≥ 30
- Systolic BP < 90 mmHg or Diastolic BP ≤ 60 mmHg
- Age ≥ 65

Inability to safely care for patients:
- No space to allow proper isolation / PPE

Admission criteria:
- Not suitable for outpatient treatment without close follow up*
- Requiring O₂**
- Unable to function safely as outpatient
- Respiratory condition worsens or is severe

If on-site ICU, consult ICU

If no on-site ICU, transfer patient to ICU site (RAAPID)

Notes:
- This guidance document is not meant to replace clinical judgement and is intended to be adapted to site specific needs and the availability of resources.
- In clinical situations where there is demonstrated improvement and reliable follow-up is arranged, home O₂ (less than 2L) could be considered.
- Inpatient care in severe surge – if no hospital bed is available, consider alternative care centre.

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Patient Requires Hospitalization

Admission criteria:
- Not suitable for outpatient treatment without close follow up
- Requiring $O_2$
- Unable to function safely as outpatient
- Respiratory condition worsens or is severe

Can care be managed onsite?

Yes
Consider consult with GIM, Respiratory or Hospitalist for the following:
- R1, R2, R3 or M1
- CURB-65 ≥ 2
- $O_2$ ≥ 4L

No
Consider transfer (RAAPID) to regional center if:
- Unable to safely care for admitted patient
- R1, R2, R3 or M1
- CURB-65 ≥ 2
- $O_2$ ≥ 4L
- Special nursing or equipment needs (e.g. dialysis, telemetry, pregnancy, etc.)

Admit patient to hospital and isolate
(send admission for COVID-19 notification to Primary Care Provider)

Is the patient eligible for transfer to lower acuity support (outside of the admitting centre)?

Yes

Alternate Care Management:
Once patient has been declared non-infectious (per local arrangements), utilize available alternate capacity options to support capacity management on COVID Units
Options vary by zone and local service configuration, and may include utilization of temporary Pandemic Response Units (PRU) or pre-existing zonal structures.

Please follow local guidelines as detailed in the Pandemic Response Unit Operational Manual, under the guidance of your ZEOC

No / Not Available

Patient ready for discharge?

Criteria for discharge post COVID-19 admission:
- Improving clinical trajectory
- $O_2$ ≤ 2L
- Walking $O_2$ sats > 90% (on Oxygen ≤ 2L or room air) with either RA or 2 or less NP $O_2$ tx.
- Afebrile without use of fever-reducing agents for at least 48 hours
- Usual DC criteria still apply (function approaching baseline)
- Able to safely self isolate for appropriate period of time (home care able?) Note: patient should continue to isolate for period as specified by Infection Prevention & Control
- Clinical follow up arranged (FMD, virtual hospital, etc.)

Notes:
This guidance document is not meant to replace clinical judgement and is intended to be adapted to site specific needs and the availability of resources.

* In clinical situations where there is demonstrated improvement and reliable follow up is arranged, home $O_2$ (less than or equal 2L) could be considered.

It is recognized that CURB-65 has largely been validated in patients with bacteria pneumonia. This score has been employed on this COVID-19 flowsheet as a decisional adjunct, based on clinician consensus.


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