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

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

- 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?

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

**Patient requires inpatient care*** (send admission for COVID-19 notification to Primary Care Provider)

**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)**

**Considerations from early observational data:**
- time from symptom onset to respiratory failure and acute respiratory distress is approximately 8-10 days. Consider careful observation in patients who are early in their disease progression
- those requiring inpatient care with co-morbid conditions (e.g., diabetes, hypertension, kidney or cardiovascular diseases, and those with advancing age) fare poorly with COVID-19

**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 Alternate Care Centre.

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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COVID-19 Provincial Pandemic Flowsheet
Patient Requires Hospitalization

**Patient Requires Inpatient Care**

**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

**Can care be managed onsite?**

[Yes] [No]

**Consider consult with GIM, Respiratory or Hospitalist for the following:**
- R1, R2, R3 or M1
- CURB-65 ≥ 2
- O₂ ≥ 4L

**Consider transfer (RAAPID) to regional center if:**
- Unable to safely care for admitted patient
- R1, R2, R3 or M1
- CURB-65 ≥ 2
- O₂ ≥ 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)

**Patient ready for discharge?**

**Criteria for discharge post COVID-19 admission:**
- Clinical trajectory noted to be improvement by treating team
- O₂ ≤ 2L*
- Walking O₂ sats remain >88% with either RA or 2 or less NP O₂ tx.
- Usual DC criteria still apply (function approaching baseline)
- Able to safely self isolate for appropriate period of time (home care able?)
  note: patient should self-isolate for 10 days after symptoms resolved
- Clinical follow up arranged (FMD, virtual hospital, etc.)

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