COVID-19
Clinical Guidance for NHS Scotland: Emergency Department Management of Suspected COVID-19 in Adults
## Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>15/04/2020</td>
<td></td>
</tr>
<tr>
<td>V2.0</td>
<td>16/04/2020</td>
<td>Amending to “destination” in flowchart</td>
</tr>
<tr>
<td>V3.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Further Information
For more information on COVID-19 please see the COVID-19 guidance section of our website, [www.gov.scot/coronavirus](http://www.gov.scot/coronavirus)
## Contents

1. Introduction.................................................................................................................................4  
2. Scope...............................................................................................................................................4  
3. COVID-19 Emergency Department Guide .....................................................................................5
1. Introduction

This guidance provides targeted clinical advice to support those working in Emergency Departments within NHS Scotland and has been developed by the COVID-19 Clinical Cell. This Guidance has two primary objectives:

1. **To provide a standard for the care provided by Emergency Departments in the case of suspected or proven COVID-19 infection in Adults**

2. **To ensure patients spend the minimum appropriate time within the Emergency Department setting**

To ensure this is achieved, this guidance is written to provide the essential components of care as required for the majority of patients attending with this condition, but does not detract from the importance of clinical judgement in individual cases.

2. Scope

This guidance is intended to guide delivery of Emergency Care in hospitals during this COVID-19 pandemic. It is intended to be helpful to clinical staff working in these areas. This guidance will be continuously monitored and updated as needed, as the trajectory of the pandemic in Scotland develops, and as new evidence and experience emerges. Healthcare services should ensure that they refer to the most up-to-date version of this guidance, which will be available on the Scottish Government Website.
# 3. COVID-19 Emergency Department Guide

## Identify

**COMMON SYMPTOMS**
- Fever, Persistent Cough, Dyspnoea, features of Pneumonia
- GI symptoms
- Non-specific presentations are common in the elderly
- Always consider potential alternative diagnoses

## Observe

- Check Temp. P, BP, RR, SpO₂
- Continue observations during ED stay
- Use NEWS chart if available or MEWS chart in Pregnant women

## Investigate

- CXR, FBC + differential WCC, U&Es, CRP, Ambulatory SpO₂ if borderline (may unmask exertional hypoxia)
- Throat/nose swabs if for admission

## Immediate Management

- Give O₂ via nasal cannulae/mask. Use SpO₂ and RR to guide O₂ therapy.
- Aim for SpO₂ ≥ 92% and RR ≤ 24/min (88-90% if Hx Type II resp failure)
- In Pregnancy: aim for SpO₂ ≥ 95%, RR <20/min and contact obstetrics for MDT management
- ABGs / arterial lines are not indicated routinely
- Give IV fluids only for immediate Rx of hypotension or dehydration
- Aim for Euvolaemia and avoid over-resuscitation with IV fluid

## Further Care

- If poor response to standard O₂ therapy (SpO₂ ≤ 92% or ≤ 88-90% if Type II respiratory failure), consult ICU as to need for CPAP or tracheal intubation/IPPV
- Use standard vasopressor therapy e.g. norepinephrine if required
- Do not give antibiotic or steroid therapy routinely
- Consider VTE Prophylaxis if for admission (as per local guidelines)
- Consider completion of Treatment Escalation Plan (as per local guidelines)

## Admit

- Subject to local guidelines:
  - ICU
  - HDU/Cohorted ward

## Discharge

- **Patients suitable for discharge should normally have:**
  - mild symptoms,
  - no/minimal CXR changes,
  - SpO₂ ≥ 92% & RR ≤ 24/min on air

- **For patients with advanced illness (DNACPR at home or NH resident):**
  - Consider Clinical Frailty Score
  - Does patient have an Anticipatory Care Plan and/or are they for end of life care?

- Ensure written discharge advice is given

---

**Notes:**
1. Fever is usually > 37.8°C but is NOT invariably present. Other respiratory symptoms e.g. sore throat, hoarseness, nasal discharge etc. may be present. Non-specific “viral” symptoms are often present e.g. lethargy, headache, malaise, myalgia, arthralgia
2. Anorexia, nausea, vomiting, diarrhoea, abdo pain, loss of smell/taste
3. Standard NEWS ‘Trigger scores’ may not be applicable
4. Provided SpO₂ readings are considered representative of respiratory status – Type II respiratory failure patients will be a likely exception to this
5. For antibiotic therapy, refer to National Guidelines
6. Continue steroid therapy in patients already on steroids e.g. for asthma, COPD, etc. For patients taking steroid replacement therapy give an appropriately increased dose
7. Links for guidance for patients requiring Palliative Care Advice and/or Anticipatory Care Planning