

TRIAGE AT FRONT DOOR

RED FLAG COVID symptoms?

Unlikely COVID

Need for admission and specialty to be admitted under?

- * If admission not needed, arrange treatment under day unit/ ambulatory care and discharge
- ** Possible Medical/paediatric/surgical/orthopaedic admission

Orthopaedic/Surgical emergency

Orthopaedic:

- * All surgeries to be scheduled through consultant
- * Operate in NON-COVID theatre
- * Consider day surgery and discharge
- * Admit to NON-COVID ward/hospital

Surgical:

- * All patients getting CT abdomen to also get CT chest to screen for COVID
- * All surgeries to be scheduled through consultant
- * Minimise laparoscopic surgery (AGP)
- * Operate in NON-COVID theatre
- * Consider day surgery and discharge
- * Admit to NON-COVID ward/hospital

Medical/Paediatric

- * If needing admission, admit to NON-COVID ward/hospital.

- * Review by specialty consultant in ED before admission to ensure no COVID symptoms missed.

- * Consider COVID screening/chest imaging even if no COVID symptoms.

Red Flag COVID symptoms:

- Fever
- New cough
- New shortness of breath/dyspnoea
- URI symptoms
- Myalgia
- Fatigue/Lethargy
- GI symptoms

Likely COVID

Need for admission and specialty to be admitted under?

Discharge likely/MILD symptoms:

- * Medical/paediatric
- * Orthopaedic/surgical

Medical/paediatric

- * Manage as per COVID protocol
- * NO test for COVID
- * Discharge from ED with treatment+advice

Orthopaedic/Surgical

- * Surgical mask for patient
- * Minimise time in ED
- * Review by specialty consultant in ED

- * Avoid unnecessary surgical admission

- * Discharge from ED with treatment+advice

Surgical/orthopaedics emergency
MILD-SEVERE COVID symptoms

- * Manage as per COVID protocol
- * PPE as per protocol
- * All surgeries to be scheduled through consultant
- * Operate in COVID theatre
- * Consider day surgery and discharge
- * Admit to COVID ward/hospital

- * Surgical:
- * Manage as per COVID protocol
- * PPE as per protocol
- * All patients getting CT abdomen to also get CT chest
- * All surgeries to be scheduled through consultant
- * Minimise laparoscopic surgery (AGP)
- * Operate in COVID theatre
- * Consider day surgery and discharge
- * Admit to COVID ward/hospital

Likely admission
Surgical concern?

Moderate/Severe COVID symptoms
No surgical/trauma concerns

- * Medical/paediatric
- * Manage as per COVID protocol
- * PPE as per protocol

- * Complete investigations including swabs for COVID
- * Inform X-ray/CT regarding infection risk before transferring patient

- * Review by medical/paediatric consultant in ED

- * Minimise aerosol generating procedures

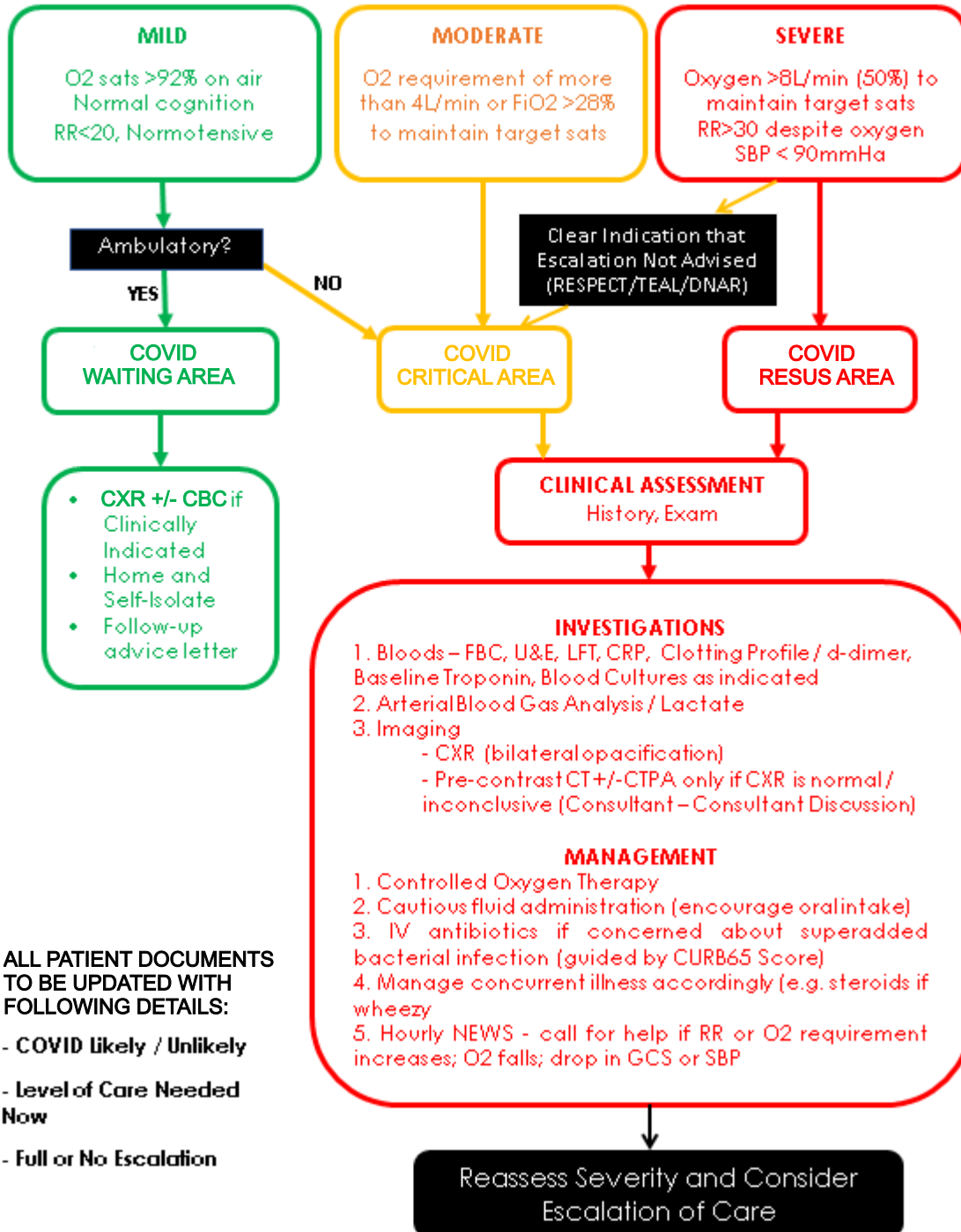
- * Complete escalation plan

- * Admission to COVID ward/hospital

- * May need admission to HDU/ITU if appropriate

COVID-19 Disease Suspected

SENIOR LED TRIAGE - All cardiorespiratory arrests to be reviewed in dedicated receiving area



ESCALATION OF CARE – PATIENT IN THE EMERGENCY DEPARTMENT

TO BE COMPLETED FOR ALL PATIENTS - BY SPECIALTY CONSULTANT
(ED CONSULTANT CAN COMPLETE IF PATIENT IS PERI-ARREST)

1. Establish Pre-Existing DNACPR / RESPECT Decisions or Advanced Directives
2. Discuss Individual Preferences about Resuscitation if the Patient Has Capacity
3. Estimate Clinical Frailty Score (CFS) – Rockwood (aged 65 years +)
4. Consider Pre-Existing Comorbidities and Life-limiting Illness
5. Where possible, and if appropriate to do so, involve the family

**Clinical Frailty Score
6 and Above**

OR

Pre-Existing DNACPR /
RESPECT Form

OR

Patient would not like
to be considered for
ventilation /
resuscitation

WARD-BASED CARE

END OF LIFE CARE IF
DETERIORATES

**Clinical Frailty Score
4-5**

AND

Patient would like to be
considered for
ventilation /
resuscitation

Senior decision maker
to review need for
critical care escalation
on a case by case
basis and discuss with
patient

Not for Escalation

- O₂ requirement of more than 4L/min or FiO₂ > 28% to maintain targetsats

ESCALATE TO CHEST /
MED SpR

Escalation Deemed Appropriate

**Clinical Frailty Score
1-3**

AND

Patient would like to be
considered for
ventilation /
resuscitation

OR

Senior decision maker
believes escalation to
critical care is
appropriate

- Inspired O₂ > 50% to maintain targetsats
- Respiratory Acidosis pH < 7.2
- Systolic BP < 90mmHg
- Resp Rate > 30 despite O₂
- Other organ failure (liver/kidney/heart/brain)

Escalate to Critical Care
Covid Assessment Team

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.