Role of the COVID-19 team

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Mikey Xie chats to Ben Nguyen about his experience as the COVID-19 registrar to give everyone a better understanding of what is happening at Royal Prince Alfred Hospital, how patients with COVID-19 are being managed in the hospital and what the role of the COVID-19 team is.

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About Dr Ben Nguyen

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Dr Mikey Xie is currently a Basic Physician Trainee at Royal Prince Alfred Hospital. He graduated from the University of New South Wales and completed his internship and residency at Liverpool Hospital.

Managing COVID-19

With Dr Ben Nguyen and Dr Mikey Xie, Respiratory Registrars at the Royal Prince Alfred Hospital, New South Wales, Australia.

Introduction

This podcast gives an overview of the management of suspected and confirmed COVID-19 cases at Royal Prince Alfred Hospital, and current protocols.

1. What is the role of the COVID-19 team?

- **The COVID-19 team is a multidisciplinary team consisting of respiratory doctors, infectious diseases consultants and intensive care specialists.**
- **Our role is:**

- Help with the decision making about testing patients with suspected SARS-CoV-2
- Triage patients to determine where is the safest place to manage them
- To manage patients with confirmed or suspected SARS-CoV-2

2. Where are patients with suspected or confirmed COVID-19 currently being managed at Royal Prince Alfred Hospital?

- Patients with suspected or confirmed COVID-19 can be broadly classified into three groups:
  - Well people with nowhere to self-isolate
  - Unwell people with respiratory or other issues – currently being managed in either ICU or on a ward depending on acuity and bed availability
  - Critically unwell people with respiratory failure – currently managed in G-ICU or R-ICU
- After a negative swab result – priority is to discharge these patients from these COVID-19 areas to facilitate patient flow so we can best manage the growing number of cases
  - Discharge home if well
  - Re-allocation to appropriate inpatient team if ongoing medical management required
- With a positive swab result: these patients remain under the COVID-19 team with other specialist input as required

3. Currently, the plan is to have a COVID-19 team available on site at RPA 24/7. The shifts will be divided into day, evening and night shifts. Can you give us an idea of what the COVID shifts will be like for the registrar?

- Shifts:
  - Morning Shift: 8.30am – 5.00pm
  - Evening: 3.00pm – 10.30pm
  - Night Shift: 10.00pm – 9.00am
- Normal Day:
  - 8.30am: Ward Round – review all patients
  - 11.00am: ICU Paper round – for all patients in ICU where we discuss:
    - How likely is COVID-19?
    - Differential Diagnosis

        - Do we need to retest if negative swab or further investigation?
    - 3.00pm: Handover with evening team

4. Can you tell us what you do on a COVID-19 ward round?

- Similar to normal ward round with following caveats:
    - PPE for every patient
        - Currently donning/doffing between every patient
        - May reach a stage where we start cohorting COVID-19 confirmed patients to wear the same PPE for all patients
    - one doctor in the room – with phone conversation to rest of the team outside
    - Limit number of times in the patient room – all tasks performed in one consult
    - Limit times that physical exam is required
    - Establishing limitations of care for every patient – will become more important as resources become limited

5. Can you tell us what sorts of investigations we should be performing on COVID-19 patients and why?

- Current criteria for testing – constantly changing
    - International travel or close or casual contact with suspected case within 14 days plus fever or acute respiratory infection
    - Bilateral CAP and no other cause identified
    - Health care worker and fever with respiratory symptoms
    - Fever > 37.5 with respiratory symptoms
- Investigation:
    - Bloods
        - FBC: lymphopenia is common with COVID-19
        - UEC
        - LFT: elevated transaminases common
        - CRP
        - LDH: associated with mortality
        - D-Dimer: associated with mortality
        - Lactate
    - CXR: typical findings including:
        - Bilateral Lower lobe ground glass changes

- Bilateral Lower lobe consolidation

6. What are some of the important symptoms, signs and investigations that we should be monitoring for patients admitted with COVID-19?

- Clinical status:
  - End of the bed assessment
  - Symptom progression
  - RR
  - Oxygen requirements
- Blood tests:
  - FBC
  - EUC
  - LFT
  - CRP
  - D-Dimer
  - LDH

7. What is the escalation plan for the unwell patient who is either awaiting a COVID test result or is confirmed to have COVID-19?

- General principles:
  - Avoiding unanticipated rapid and serious deterioration
  - Aerosolizing procedures such as BLS/ALS should be avoided outside of ED and ICU
    - CPR
    - Bag Valve Mask
  - Low threshold for escalation
  - All team members – full airborne precautions
- Yellow Zone Observations – clinical review
  - In hours this is the Respiratory Registrar/Advanced Trainee on the COVID-19 team
  - After hours – COVID-19 medical registrar covering the ward – The registrar will contact the COVID-19 consultant
- Red Zone Observations – ICU assist or arrest call
  - State ward COVID-19 ICU assist/arrest call
  - ICU Registrar will attend along with COVID-19 Registrar/Advanced Trainee +/- consultant

- Arrest
    - 2222 – State ward COVID-19 arrest call
    - one member apply AED plus Oxygen up to a Hudson mask
    - Await ICU for consideration of intubation and CPR

Related Podcasts

- Recognising the deteriorating respiratory patient in the context of the COVID-19 pandemic
- Quarantine Curriculum – Week 1
- Quarantine Curriculum – Week 2
- Quarantine Curriculum – Week 3
- Quarantine Curriculum – Week 4

Related Blogs

- Stay safe, Stay home
- Quarantine Curriculum tips
- In Isolation

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