

# Assessment of Patients with Possible COVID-19 Medical Directive – AUXILIARY

An Advanced Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

## Indications

Confirmed COVID-19 or suspected COVID-19 with mild acute respiratory illness characterized by a combination of 2 or more of the following: fever, new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing, sore throat, runny nose/nasal congestion (without any known cause).

### AND

The crisis is straining the resources of the host community

## Conditions

Patient disposition		Nasopharyngeal OR nasal OR pharyngeal swab	
<b>Age</b>	≥ 18 years to < 65 years	<b>Age</b>	≥ 18 years
<b>LOA</b>	unaltered	<b>LOA</b>	N/A
<b>HR</b>	< 110 bpm	<b>HR</b>	N/A
<b>RR</b>	< 22 breaths/min	<b>RR</b>	N/A
<b>SBP</b>	normotension	<b>SBP</b>	N/A
<b>Other</b>	CTAS 3, 4 or 5 SpO <sub>2</sub> ≥ 94%. If temperature ≥ 38° C, does not appear septic/unwell	<b>Other</b>	Patient is being released from care <b>AND</b> Meets COVID-19 testing criteria OR as requested by local Public Health

## Contraindications

Patient disposition	Nasopharyngeal OR nasal OR pharyngeal swab
Patient and/or substitute decision maker (SDM) cannot demonstrate decision-making capacity based on the Aid to Capacity Evaluation Tool	Recent significant facial trauma (all)
Pregnancy	Current epistaxis <b>OR</b> significant abnormality of the nasal anatomy (nasopharyngeal or nasal swab)
	Significant abnormality of the oral anatomy (pharyngeal swab)

## Treatment

### Mandatory Provincial Patch Point

Patch to BHP for authorization to consider release from care

Consider patient disposition* (if authorized)		
	Transport to closest most appropriate emergency department	Consider release from care (following BHP patch)
CTAS	1 & 2  3 with comorbidity or immunocompromise	3 with mild or no respiratory distress (without comorbidity/immunocompromise)  4 & 5 without immunocompromise

\*Assess for safety to remain at home including clinical criteria above, and the following: patient is unaltered, the patient can self-isolate, the patient has access to food, phone, and other necessities, and appropriate caregivers are available (if needed).

Prior to a release from care, the patient and/or SDM must be provided with contact information for their Local Public Health Unit, education on self-isolation and symptom management, and information for accessing assessment centres. Paramedics must document these instructions and patient and/or SDM consent to the plan of care in the remarks section of the Ambulance Call Report. Advise the patient that if the problem persists or worsens they should seek further medical attention.

**Consider obtaining nasopharyngeal OR nasal OR pharyngeal swab (if available and authorized)**

If swab obtained, complete the lab requisition and transport the specimen as per local arrangement.

## Clinical Considerations

### **Base Hospital Physician Patch:**

When a patch is made to the BHP, the Paramedic will provide the following: patient's COVID-19 screening result, history of illness and symptoms, all past medical history, vital signs, and assessment findings, in addition to patient and/or SDM's wishes, and follow-up plans (if known).

### **Immunocompromised definition:**

Patient or caregiver states immunocompromised, cancer treatment within past 6 weeks, HIV/AIDS, organ transplant patient, substance-use disorder, and any immunosuppressive medications.

### **Comorbidity definition:**

Hypertension, cardiovascular disease, cerebrovascular disease, diabetes, chronic lung disease, chronic kidney disease, immunocompromised.

### **Mild Respiratory Distress definition:**

Patient may report dyspnea on exertion, but there is mild or no increased work of breathing, patient able to speak in sentences, and RR < 22 breaths/min **AND** SpO<sub>2</sub> ≥ 94%.