

Patient (Use Label if Available)		Consultant	
Patient name		Doctor/ANP	
Date of birth		Nurse	
Address Line 1		Arrival Date,Time	
MRN		Assessment Time	

Age. History of Presenting Complaint. Close contact with a confirmed case?

Medical History	Medications
Smoking: Never Current Ex Pk Yrs	Allergies:

Physical Examination		NEWS:				
Vital Signs	RR	SpO ₂	FiO ₂	HR	BP	T
Lung Auscultation						
+/- Cardiovascular Exam	Heart Sounds			JVP		
	Pedal Oedema			Clinical DVT		
+/- Other Findings						

Investigations "COVID 19 Assessment Panel" on iCM. Time Bloods Sent:				
Hb	Ur	Others	Others	+/- ABG on FiO ₂ :
WCC	Cr	+/- Trop:		pH
→ Neu	Na	+/- D-d:		pCO ₂
→ Lym	K			pO ₂
Plt	CRP			Lactate
CXR	+/- ECG		QTc	

If For Admission: Clinical Frailty Scale if >75y and Escalation of Medical Care Plan (See Separate Form)	
CFS	Escalation Plan

Impression // Categorisation // Oxygen // Ventilation Consider Starting with C1/C2/D Management Depending Severity of Presentation		Initials
Diagnosis Other Than RTI:	Treat and admit or arrange appropriate follow-up. Consider pulmonary oedema. Consider pulmonary embolism.	
COVID Resp Scale A RTI (RR<20 and SpO ₂ >94% RA)	Does patient require admission? Room air or ≤3L/min via prongs Consider <u>oral</u> antibiotics. If for discharge: Advise to contact GP to arrange swab and Advise to return if symptoms worsen.	
COVID Resp Scale B RTI (RR > 20 or SpO ₂ <94% RA)	Rx FiO ₂ 24-60% by Venturi Mask. Consider Non-Rebreather if Venturi not Available.	
COVID Resp Scale C1 RTI (RR > 20 or SpO ₂ < 94% on 40% FiO ₂)	Urgent Registrar review to Consider Airvo/NIV/Intubation. D/W Respiratory Consultant on Call 08:00-18:00 / MCOC. Give Airvo/NIV only in single room, preferably on COVID ward. Start Airvo at 30L/minute, 70% FiO ₂ . Titrate to SpO ₂ >90%.	
Re-evaluate within 1 hour. If RR > 20 or SpO ₂ < 90% on Airvo, Consult Escalation of Medical Care Plan. If suitable for intubation, request anaesthetic review. If not suitable for intubation, consider NIV.		
COVID Resp Scale C2 RTI (RR > 20 or SpO ₂ < 90% on Airvo, not for intubation)	T1RF: Consider CPAP at 8cm H ₂ O, FiO ₂ 70%. Titrate to SpO ₂ >90%. T2RF + Acidosis: Consider BiPAP via hood/face mask. Physio if needed to set up NIV/Airvo #562 (OOH 087 406 4622)	
COVID Resp Scale D RTI (RR > 20, SpO ₂ < 90% on Airvo and for intubation)	Immediately request anaesthetic review for intubation. ICU Triage: 62251 // COVID Intubation Team: 087 737 8125	

If for Admission: Other Treatments and Investigations. If patient for therapy/investigation, prescribe in Kardex / request on iCM and then initial		Initials
Antimicrobials	Check Allergies +/- Rx Antibiotics per Hospital Guidelines.	
	If +ve swab, check QTc +/- switch Clarithro- to Azithromycin 500mg PO OD.	
If Hx Asthma / COPD + wheeze	Consider Salbutamol 100mcg x 10 INH via spacer QDS.	
	Consider Prednisolone 40mg OD PO/Hydrocortisone 100mg QDS IV.	
Antipyretic	Prescribe Paracetamol appropriate to patient weight.	
Mucolytic	Consider Carbocisteine 750mg TDS PO in admitted COVID +ve patients.	
IV Fluids	Be cautious with IV fluids in ARDS. Consider inotropes early.	
LMWH	Complete VTE risk assessment +/- prescribe LMWH.	
Further Investigations	Ensure ECG and Troponin done.	
	Take Swab and Send to Lab "Cork 2019-nCoV Panel – Patient High Risk".	
	Request "? COVID-19/COVID Inpatient Panel" on iCM for following day	

DOC/ANP SURNAME	Signature	Initials	Role	MCRN/NMBI	Time
1.					
2.					

Use clinical judgement. Use clinical notes sheets if needed for further documentation.