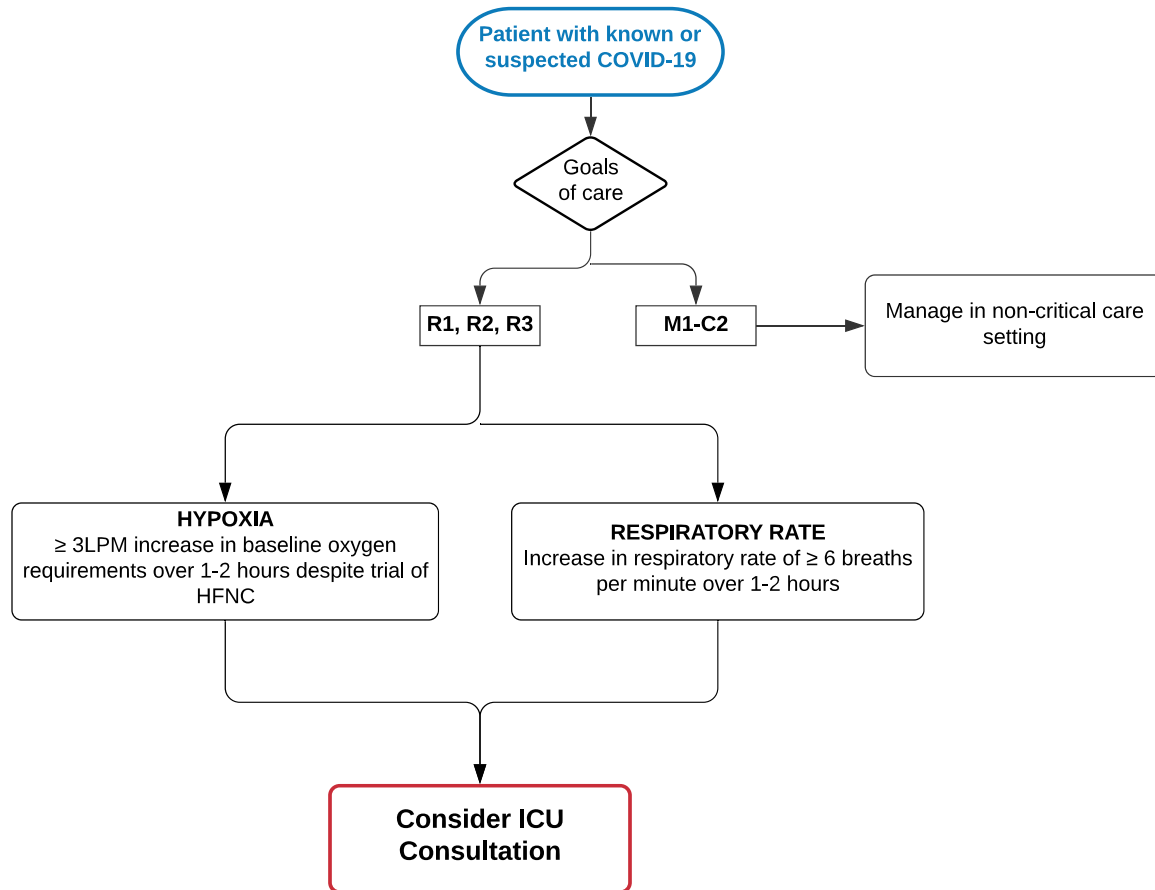


ICU Consultation during COVID-19 Pandemic in Adult Acute Care

Updated: April 11, 2020



ICU Consultation Process

The most experienced physician responsible for the patient with confirmed/probable/possible COVID-19 will contact the ICU MD on call. The pager numbers can be found on ROCA by, selecting the site -> critical care -> ICU (intensive care unit).

Notes

If the patient does not meet the above criteria but the attending physician would like to discuss their case further, this can be done with the Respiratory MD on call. The pager numbers can be found on ROCA by, selecting the site -> internal medicine -> Respiratory/Pulmonary Medicine.

The flowchart above has been created to provide early, controlled intubation to patients with confirmed/probable/possible COVID-19, while optimizing the ICU consultation process. This flowchart does not replace clinical acumen and does not account for all criteria that may necessitate an ICU consultation.

Given that COVID-19 is a novel disease entity, this document will be updated regularly as more information and guidelines become available.

Risk factors associated with mortality*

1. Comorbidities
 - Age \geq 60, HTN, DM, CAD, COPD, CKD, active malignancy
2. Vitals on admission
 - RR $>$ 24/min, HR $>$ 125 bpm
3. Laboratory investigations
 - Lymphopenia
 - Elevated hsTrop, ALT, LDH, D-dimer, Ferritin
4. Clinical scoring systems
 - CURB65 $>$ 2
 - SOFA $>$ 4.5

* Based on small, retrospective publications from Wuhan, Hubei, China. Will be subject to change as more data becomes available and local clinical experience increases.