

*Suspected CoVID-19 Treatment and Transport Guidelines



* Does patient present with high suspicion of CoVID-19?



Refer to appropriate algorithm



Universal Precautions with appropriate PPE Utilization:

- N95 mask, gloves, eye protection, gown
- Limit patient contact to one provider if at all possible
- All providers should attempt to maintain a distance of 6 feet or more when feasible and does not interfere with indicated patient care

Is the patient a candidate for self-isolation at home per the "Non-Transport Guidance for Minor Cases of Suspected CoVID-19" protocol?



Does the patient have a SpO2 ≥ 94% either on room air or oxygen?



Does the patient have a SpO2 < 88% while on Oxygen? Is wheezing or limited air movement present due to bronchospasm?



1. **Oxygen (All Levels)**
2. IV/IO, if applicable (*Advanced and Paramedic*)
3. Monitor EKG (*Paramedic only*)
4. ** Administer 8 "puffs" **Albuterol** via a closed system metered dose inhaler mask (MDI) (*All Levels*)
5. ** Administer 0.3 mg, **Epinephrine (1:1000)**, IM Reduce dose to 0.15 mg if patient is >50 yoa, pulse > 130/min, or history of Coronary Artery Disease (*Paramedic only*)(if needed request *Paramedic support*)

Continue universal precautions with appropriate PPE

*** Refer to appropriate algorithm if needed, otherwise continue to monitor and transport ****

*** Suspected CoVID-19 Criteria:**

History

- Flu-like symptoms
- Contact with CoVID-19 patient

Signs/Symptoms

- Temperature > 100.4°
- Nasal Congestion (uncommon, but possible)
- Productive cough
- Chills
- Weakness and/or flu-like symptoms
- Body aches

PEDIATRIC DOSE

- **Epinephrine (1:1000)**, 0.01mg/kg, IM, upto a max of 0.15mg
- Administer 4 "puffs" of **Albuterol** via a metered dose inhaler (MDI)

**

- If available, the closed system metered dose inhaler (MDI) mask will be used instead of normal nebulized medications (see following page). This is to help prevent the transmission of the virus by aerosolization. If MDI are not available, **DO NOT** administer a nebulized bronchodilator.
- IM **Epinephrine (1:1000)** is highly recommended for its bronchodilation effects. Consider the cautions and contraindications for the administration of **Epinephrine (1:1000)** (see protocol supplements for more information).

*** If respiratory status continues to decline and the airway must be secured, **DO NOT INTUBATE**. Instead, focus on BLS airway management to reduce the risk of personal contamination from respiratory droplets. Insertion of a King Airway is an option, but only indicated for rare cases where BVM ventilation is inadequate.

**** **Destination Guidelines:**

- **Radio Report:** Proceed with report as normal with one difference. Provide a covert warning to the receiving facility of the high suspicion of CoVID-19. If cellular communication is not available then the driver of the unit should enter facility to advise of the situation while the patient and provider remain in the unit awaiting further instruction.
- **At Destination:** Once the patient has been moved over to facility bed and patient care has been transferred removed PPE and follow your agencies Standard Operating Procedures (SOPs) for disposal or reuse.
- **Ambulance Disinfection:** At a minimum, and while utilizing appropriate PPE, carefully clean/disinfect any surface contacted by the patient or provider before returning to service. Follow your agencies SOPs for equipment and ambulance disinfection.

IF PATIENT'S CONDITION IS UNSTABLE OR DETERIORATES DURING TRANSPORT, REQUEST ASSISTANCE FROM RECEIVING AREA'S ADVANCED LIFE SUPPORT SERVICE (IF APPLICABLE).