



Emergency Department COVID-19 Care Record

Patient name:	AFFIX LABEL	Date:	Time of arrival:
Date of Birth		Named nurse:	
NHS Number		Clinician:	

Nursing assessment	Investigations: (tick when done)	
	Requested (initials)	Done (initials)
	Blood panel <input type="checkbox"/>	<input type="checkbox"/>
	Blood cultures <input type="checkbox"/>	<input type="checkbox"/>
	CXR <input type="checkbox"/>	<input type="checkbox"/>
	ABG/VBG <input type="checkbox"/>	<input type="checkbox"/>
	ECG <input type="checkbox"/>	<input type="checkbox"/>
	Viral swabs <input type="checkbox"/>	<input type="checkbox"/>
	Pregnancy test <input type="checkbox"/>	<input type="checkbox"/>
	CT/POCUS <input type="checkbox"/>	<input type="checkbox"/>

Name: _____ **Time:** _____

Vital signs: T: °C HR: /min BP / mmHg RR /min SpO ₂ % (O ₂) BM mmol NEWS2

Focussed history			
Respiratory <input type="checkbox"/> Cough <input type="checkbox"/> Breathless <input type="checkbox"/> Coryzal <input type="checkbox"/> Sore throat <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Fever	GI <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Abdo pain	Cardiac <input type="checkbox"/> Cardiac chest pain General <input type="checkbox"/> Myalgia <input type="checkbox"/> Loss of taste or smell	Neurology <input type="checkbox"/> Headache <input type="checkbox"/> Focal neuro symptoms <input type="checkbox"/> New confusion

History (Free text)	Onset of symptoms:
Immunosuppression/compromise Y/N	Details:

Medications

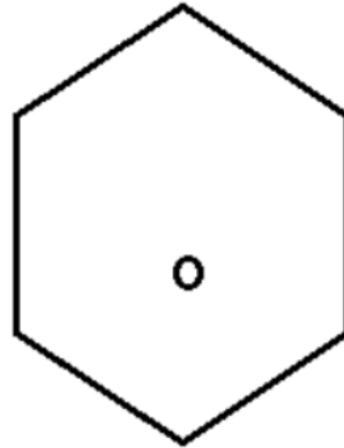
Allergies and Adverse Drug Reactions- List the medications or substances and the nature of the reaction (write NKDA if none)

It is mandatory to complete this section

Medicine/substance	Reaction	
Sign (Name)	Date	
Allergy status unconfirmed	Sign (name)	Date and time

Examination

Heart sounds:



GCS E /4
M /6
V /5
Total /15

CXR Findings:

Lateralising neuro signs: Y/N

ECG:

Primary Diagnosis

COVID -19 Likely Possible Unlikely

Other (please specify):

Secondary diagnoses/problems

- 1.
- 2.
- 3.
- 4.
- 5.

Date	Time	Drug	Dose	Route	Prescriber (sign/name)	Given by	Time
		Paracetamol	1g				

Oxygen prescription							
Date:	Time:	Date:	Time:	Date:	Time:	Date:	Time:
Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....		Circle target oxygen saturation 88-92% 94-98% Other.....	
Device:		Device:		Device:		Device:	
Starting flow rateL/min		Starting flow rateL/min		Starting flow rateL/min		Starting flow rateL/min	
Maximum flow rateL/min		Maximum flow rateL/min		Maximum flow rateL/min		Maximum flow rateL/min	
Sign (Name)		Sign (Name)		Sign (Name)		Sign (Name)	
A Air		SM Simple Mask		CPAP Patient on CPAP			
N nasal cannulae		NRBM Reservoir mask		NIV Patient on NIV			
V Venturi (state %)							

Results

Gases	Time						
Arterial or venous							
pH							
pO ₂ (kPa)							
pCO ₂ (kPa)							
Lactate							
BE							
FiO₂ or L/min							
If first CO ₂ normal monitor using SpO ₂ only unless marked clinical deterioration							
Test	Result	Reviewed by	Features suggestive of Covid -19				
Sodium							
Potassium							
Urea							
Creatinine							
ALT			May be elevated				
Bilirubin			May be elevated				
Procalcitonin			Normal (elevated with bacterial 2ry infection)				
Troponin			May be elevated if myocarditis				
CRP			Markedly elevated				
Amylase			May be elevated				
Haemoglobin							
WCC (total)			decreased				
Lymphocyte count			decreased				
Neutrophil count							
Platelets							
PT							
APTT							
Pregnancy test							
D dimer							
LDH							

Senior Review

Signed (Name)

Grade:

Situation: Likely diagnosis

Background:

Assessment:

Recommendation:

Time

Palliative treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen and supportive treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory Support (not suitable for escalation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory Support (consider intubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care escalation plan: (tick all appropriate boxes)

Date and time:

DNACPR Highest level of care appropriate Ward HDU ICU

Decision made by: _____(Name) _____(Grade) _____(Signed)

Review: Date and time

DNACPR Highest level of care appropriate Ward HDU ICU

Decision made by: _____(Name) _____(Grade) _____(Signed)

Respect/Equivalent form completed Patient/relatives aware Yes / No

Clinical Frailty Scale*

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.
-  **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
-  **4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.
-  **5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
-  **6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
-  **7 Severely Frail** – Completely dependent for **personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
-  **8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
-  **9 Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.
- Scoring frailty in people with dementia**
The degree of frailty corresponds to the degree of dementia. Common symptoms in **mild dementia** include forgetting the details of a recent event, though still remembering the event itself repeating the same question/story and social withdrawal.
In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
In **severe dementia**, they cannot do personal care without help.
- * 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Comorbidities

Charlson Comorbidity score

1 each for:

- Myocardial infarction
- Congestive heart failure
- Peripheral vascular disease
- Dementia
- Cerebrovascular disease
- Chronic lung disease
- Connective tissue disease
- Peptic ulcer disease
- Mild liver disease
- Diabetes (no complications)
- Rheumatological disease

2 each for

- Hemiplegia/paraplegia
- Renal disease
- Diabetes with complication
- Malignancy (no metastasis)
- Leukaemia/Lymphoma

3 each for

- Mod/severe liver disease

6 each for

- AIDS (excluding asymptomatic HIV)
- Metastatic solid tumour