

PANDEMIC TRIAGE GUIDE – COVID-19

When dealing with patients with suspected COVID-19, we must be vigilant in keeping our primary focus on caring for the patient to the best of our ability. Patients with COVID-19 have the potential to present with a broad spectrum of symptoms; the severity of which can be equally varied. CDC guidelines acknowledge that most people with COVID-19 are able to recover without hospital care; however, this infection can also progress rapidly to respiratory distress and failure. Careful evaluation is necessary, particularly in high-risk populations. These patients should be strongly encouraged to be transported to the hospital.

Based upon available information to date, high-risk populations for severe illness include:

- Age 65 and older
- Residents of nursing homes or long-term care facilities
- Chronic lung disease (COPD, asthma)
- Heart disease (CHF, CAD, previous MI)
- Immunocompromising conditions
(AIDS, cancer treatment, chronic steroid use, autoimmune disease, etc)
- Severe obesity
- Diabetes
- Renal failure
- Liver disease
- Pregnancy

Pregnant patients are known to be at increased risk with other severe viral infections; however, current data regarding COVID-19 do not show increased risk for pregnant patients.

Additionally, if any of the following are present, the patient should be transported to the hospital:

- Respirations > 30/min
- SpO₂ < 90%
- Systolic BP < 90 mmHg
- HR > 125/min
- Altered mental status

If the patient chooses to stay at home against the recommendation of EMS, provide home care instructions and recommend the patient contact their primary care provider. Telehealth options are an excellent resource for this situation. For patients who stay home, a transport refusal form (“AMA”) is still required.

As the prevalence of COVID-19 increases in our community, the application of these guidelines may change.