Western Cape Government
Health

Office of the DDG: CoO

Reference: 16/4

Enquiries: Dr MS Kariem

TO: SMS / CHIEF DIRECTORATES / DIRECTORATES / REGIONAL / DISTRICT OFFICES / SUB-STRUCTURES / ALL FACILITY MANAGERS / CITY OF CAPE TOWN

CIRCULAR H..05/2021

COVID-19 RELATED DISPOSITION FROM THE EMERGENCY CENTRE

PURPOSE

To standardise disposition of COVID-19 patients from ECs in acute hospitals and 24-hour CHCs across the metropole.

PERIOD OF APPLICATION

This circular updates and replaces Circular H 02/2021. This SOP is to be revisited on 28 February 2021, or sooner if the level of pressure due to COVID- 19 in healthcare facilities changes.

DISPOSITION OF KNOWN OR SUSPECTED COVID-19 PATIENTS

Patients who are known or suspected COVID positive may be: discharged home; admitted to quarantine/isolation facilities; admitted to an acute bed in a medical ward; admitted to an intermediate care bed (Brackengate/Lentegeur/TBH Intermediate Care/Sonstraal); considered for critical care; referred to palliative care.

Consider for discharge home if:

- HR below 130
- RR below 30
- No accessory muscle use
- Oxygenation on room air: sats 92% or above
- Maintaining hydration (tolerating oral fluids and no ongoing severe GI losses)
- Can self-isolate at home
- Not reliant on EMS transport to return if deteriorates

20th Floor, 4 Dorp Street, Cape Town, 8001
tel: +27 21 483 4473 fax: +27 21 483 5677
P O Box 2060, Cape Town, 8000
www.westerncape.gov.za

Consider for quarantine / isolation facilities if:

- COVID positive and completely well
- Ambulant and fully independent
- No own transport to return if deteriorates
- Cannot isolate safely at home

Consider for acute care admission if:

- HR 130 or above
- RR 30 or above
- Accessory muscle use or respiratory fatigue
- Oxygenation on room air:
    - sats 91% or below at rest OR PaO2 of <9kPa
    - sats drop below 87% on exertion (walking 15m to 20m)
- Other non-respiratory condition requiring acute care

Consider for intermediate care if:

- Non-pregnant adult (>18 years) patients requiring inpatient medical management including:
    - supplemental oxygen, glycaemic control, correction of fluid status/electrolytes/acute kidney injury, anticoagulation for DVT
- Proven COVID positive (antigen or PCR test)
- Systolic blood pressure greater than 90 mmHg, heart rate less than 130 bpm
- Maintaining peripheral saturation of greater than 92% on 40% venturi face mask or less, IF the patient is a candidate for escalation to HFNO or ICU
- Patients who would not qualify for escalation of care beyond supplemental oxygen
- Patients requiring isolation only but who are deemed unsuitable for quarantine/isolation i.e. not independent/ambulant, too frail, requiring wound dressings or other care.

Consider for HFNO (where available) if:

- Sats 85% or below on Non-rebreather oxygen delivery device AND
- Critical care tool score red and priority 1, 2 or 3

Consider for intubation & ICU (where available) if:

- Critical care tool score red and priority 1 AND
- Not tolerating HFNO or no HFNO available AND
- Accepted by ICU Consultant

Accepted patients will only be intubated if bed is available or expected to be available within the next 6-12 hours and the capacity (resources, staff and space) to manage the intubated patient during the 6 to 12-hour wait is available in the unit or ward.

Consider for palliative care if:

Patients who are not candidates for ICU or HFNO; should then be considered for palliative care as per provincial protocol.

DR SAADIQ KARIEM

DDG: CoO

DATE: 18 January 2021