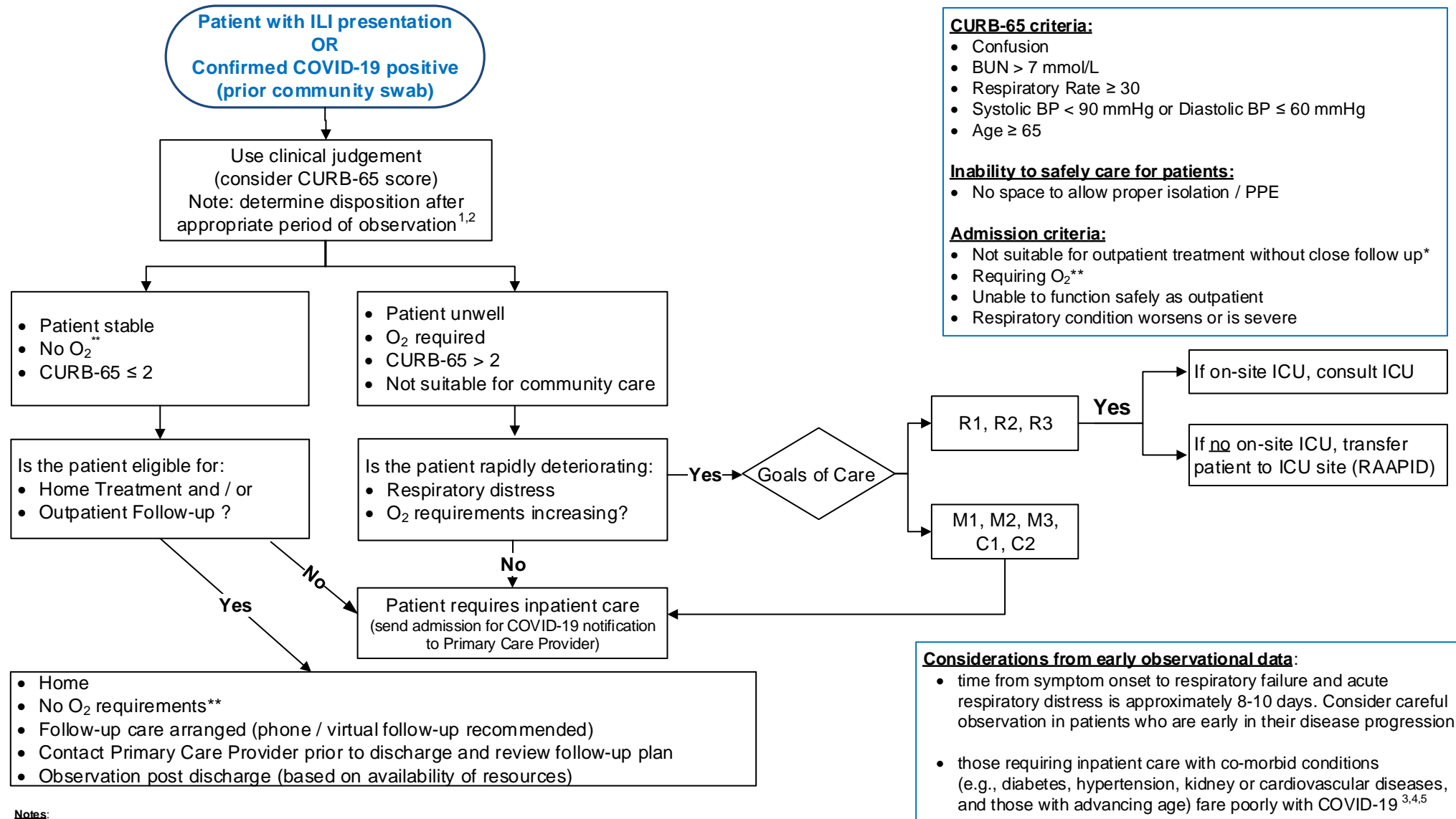


COVID-19 Provincial Pandemic Flowsheet

Admission to Acute Care (from ED, Assessment Centre or Observational Unit)



Notes:

*This guidance document is not meant to replace clinical judgement and is intended to be adapted to site specific needs and the availability of resources.

It is recognized that CURB-65 has largely been validated in patients with bacteria pneumonia. This score has been employed on this COVID-19 flowsheet as a decisional adjunct, based on clinician consensus.

** In clinical situations where there is demonstrated improvement and reliable follow-up is arranged, home O₂ (less than 2L) could be considered.

¹ Patient Risk Stratification and Admission. COVID-19 Scientific Advisory Group Rapid Response Report. Alberta Health Services. April 10, 2020.

² C-Reactive Protein Test for Admitted COVID-19 Patients. COVID-19 Scientific Advisory Group Rapid Response Report. Alberta Health Services. April 10, 2020.

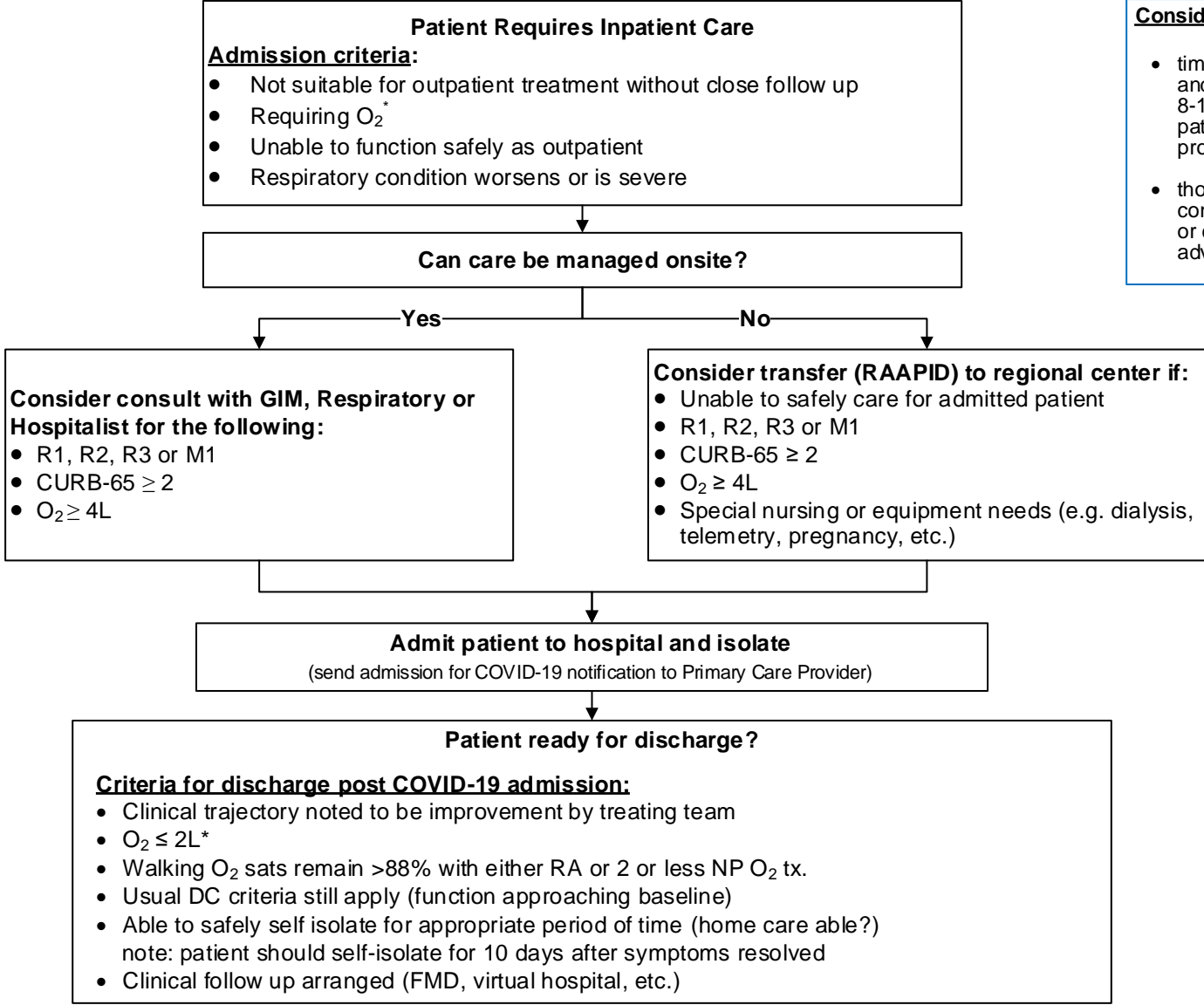
³ Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: A retrospective cohort study. Lancet. 2020. Published online March 9, 2020.

⁴ Chaomin, et al. Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in Wuhan, China. JAMA Intern Med. Published online March 13, 2020.

⁵ Pavan K. B., et al. Covid-19 in critically ill patients in the Seattle region — case series. New England Journal of Medicine. 2020. Downloaded from nejm.org on April 2, 2020.

COVID-19 Provincial Pandemic Flowsheet

Patient Requires Hospitalization



Considerations from early observational data:

- time from symptom onset to respiratory failure and acute respiratory distress is approximately 8-10 days. Consider careful observation in patients who are early in their disease progression
- those requiring inpatient care with co-morbid conditions (e.g., diabetes, hypertension, kidney or cardiovascular diseases, and those with advancing age) fare poorly with COVID-19^{1,2,3}

Notes:
 This guidance document is not meant to replace clinical judgement and is intended to be adapted to site specific needs and the availability of resources.
 * In clinical situations where there is demonstrated improvement and reliable follow-up is arranged, home O₂ (less than 2L) could be considered.

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