



Singapore Healthcare Management 2022

COVID-19 Worksheet for DUMMIES



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Introduction With the rapidly changing pandemic landscape, all healthcare institutions must adapt to the COVID-19 endemicity. As the usual patient load returns, all clinical teams were activated to care for patients who present with COVID-19 as well as patients who incidentally test positive while presenting for other issues. There is an impetus to equip all clinical teams to manage patients with COVID-19.

Aims 1. To condense all relevant MOH advisories, COVID19 guidelines, management points, discharge criteria for home or community facilities workflow into a quick reference document.
2. To empower clinical teams of all disciplines to manage their patients who have COVID-19.

Methodology Using the **K.I.S.S. model** with inputs from the Care Team (clinical / nursing / laboratory / operations) involved in the pandemic efforts, the the first version of the COVID-19 Worksheet was born!

Incorporating IDEAS through FEEDBACK

By applying multiple **PDSA** cycles, Care Team continued to fine-tune the document based on ground feedback and also updated to align with prevailing MOH guidelines. It is now in its **9th version**.

Concise guidance on key clinical information to collate and advisories on escalation of care.

On admission / Day 1 Positive	Daily Rounds	Tools
History / Physical - Important Points		
<ul style="list-style-type: none"> Premorbid & EOC status Past medical hx Vaccination status Dialysis Symptoms / Vitals ISARIC score PADUA score 	<ul style="list-style-type: none"> Immunocompromised? <ul style="list-style-type: none"> on immunosuppressive meds active chemotherapy on dialysis haematological cancers advanced / untreated HIV Symptoms Vitals 	<ul style="list-style-type: none"> Vaccine Calculator.xlsx
Investigations		
<ul style="list-style-type: none"> CXR FBC Renal panel LFT CRP 	<ul style="list-style-type: none"> LDH Ferritin SARS-CoV-2 PCR SARS-CoV-2 Spike Ab and Nucleocapsid Ab 	<ul style="list-style-type: none"> As clinically indicated If unwell, trend FBC / RP / LFT / CRP / LDH / Ferritin / CXR
Diagnosis		
<ul style="list-style-type: none"> Mild COVID: URTI only Moderate COVID: Pneumonia on CXR; Room air 	<ul style="list-style-type: none"> Severe COVID: Pneumonia on CXR; needs O2 Critical COVID: Respiratory failure, shock, multi-organ dysfunction 	<ul style="list-style-type: none"> ISARIC Score PADUA Score VTE Bleed Score
Contact ID if		
<ul style="list-style-type: none"> Severe/Critical COVID-19 Ill-looking from COVID-19 Age >80 ISARIC score ≥7 Immunocompromised* 	<ul style="list-style-type: none"> Mild/Moderate COVID and: <ul style="list-style-type: none"> Uncontrolled DM BMI > 32 Chronic Lung/ Heart/ Liver dz CRP > 50 or ↑ trend Persistent fever >38°C SARS-CoV-2 Spike Ab <100 Unvaccinated 	<ul style="list-style-type: none"> Who to call? <ol style="list-style-type: none"> During office hrs: Contact ID Severe Cx after office hrs: Contact Medical R2 on Call Critical COVID for Active Mx: Activate MET
Order		
<ul style="list-style-type: none"> Symptom relief Consider VTE prophylaxis if PADUA ≥4; Review bleeding risk – high risk if VTE BLEED score ≥2 SARS-CoV-2 PCR – refer DECANT or DISCHARGE chart 		

Added a QR code to link to ISARIC score calculator, to objectively determine illness severity.

QR codes to calculate risk for thromboembolism and risk of anti-coagulation as a clinical decision aid to decide on anti-coagulation.

Discharge policies updated to align with prevailing MOH guidelines for home recovery or transfer to community facility.

DECANT or DISCHARGE if minimal symptoms & room air & not on therapeutics

	DAY 2 - 3	DAY 4 - 6	DAY 7	Day 8 - 9	DAY 10
VACCINATED	CAN SELF-CARE	HRP	Test if fit for home PCR CT25: Home PCR CT<25: Decant (HRP / CIF / CTF)	Home	
	CAN SELF-CARE, CANNOT SELF-ISOLATE	CIF		Home	
	CANNOT SELF-CARE	CTF		Home	
NURSING HOME / COMM HOSP / GEN WARD	Stay	Test if fit for transfer PCR: Positive Stay Negative: Go	Test if fit for transfer (do not repeat frequently if CT is very low) PCR: CT<25 Stay CT25: Go	NH/CH/ Home/GW	
PARTIALLY UNVACCINATED	CAN SELF-CARE	HRP	Test if fit for home PCR CT25: Home PCR CT<25: Decant (HRP / CIF / CTF)	Home	
	CAN SELF-CARE, CANNOT SELF-ISOLATE	CIF		Home	
	CANNOT SELF-CARE	CTF		Home	
NURSING HOME / COMM HOSP / GEN WARD	Stay	Test if fit for transfer PCR: Positive Stay Negative: Go	Test if fit for transfer (do not repeat frequently if CT is very low) PCR: CT<25 Stay CT25: Go	NH/CH/ Home/GW	

If on therapeutics, consult ID for decantment; if on dialysis, consult Ops for decantment.

Advisory on how to order specific tests for COVID-19

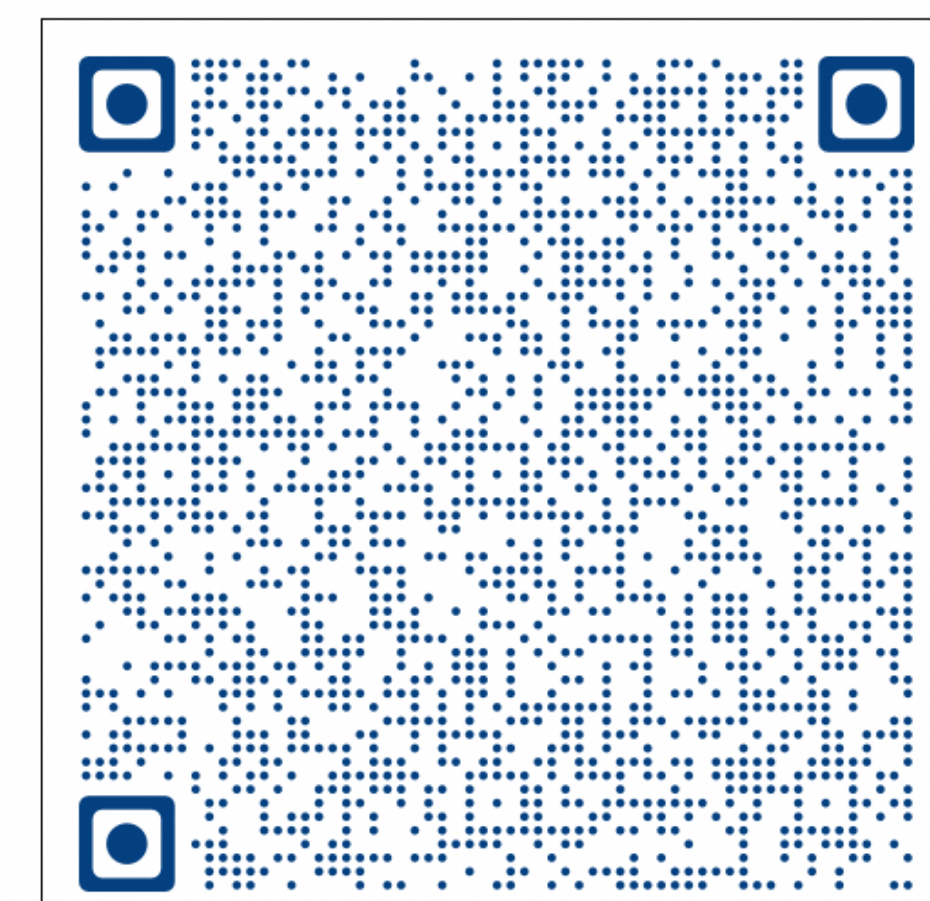
How to order SARS-CoV-2 PCR via CPOE

SARS	Order	Cost	Rating
☑	SARS (SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert)) -CGH Fee (\$125.00)		
☑	SARS (SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert))		
☑	SARS Coronavirus Isolation		
☑	SARS Coronavirus PCR		
☑	SARS-CoV-2 (COVID-19 agent) PCR		
☑	SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert) -CGH Fee (\$125.00)		
☑	SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert)		
☑	SARS-CoV-2 (SARS-CoV-2 (COVID-19 agent) PCR) --		
☑	SARS-CoV-2 Antigen - **ART is not available wrt 1 Jul 2022		
☑	SARS-CoV-2 multiplex (Respiratory Pathogens Multiplex		

Rapid PCR

Routine PCR

Scan QR code for the full worksheet:



Results This worksheet is included as part of our orientation bundle to junior doctors. 30 non-medical discipline MOHH rotating junior doctors <26 medical officers and 4 house officers> were pooled. On the scale of 0-10 <10 being most confident>, 80% of junior doctors pooled rated it 8 and 20% rated 9. Our rotating medical officers and residents are able to manage patients independently.

Conclusion The COVID-19 worksheet for DUMMIES in CGH increased clinician confidence in managing COVID-19. It also ensured smooth discharge and optimal use of limited COVID-19 resources according to illness severity.



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