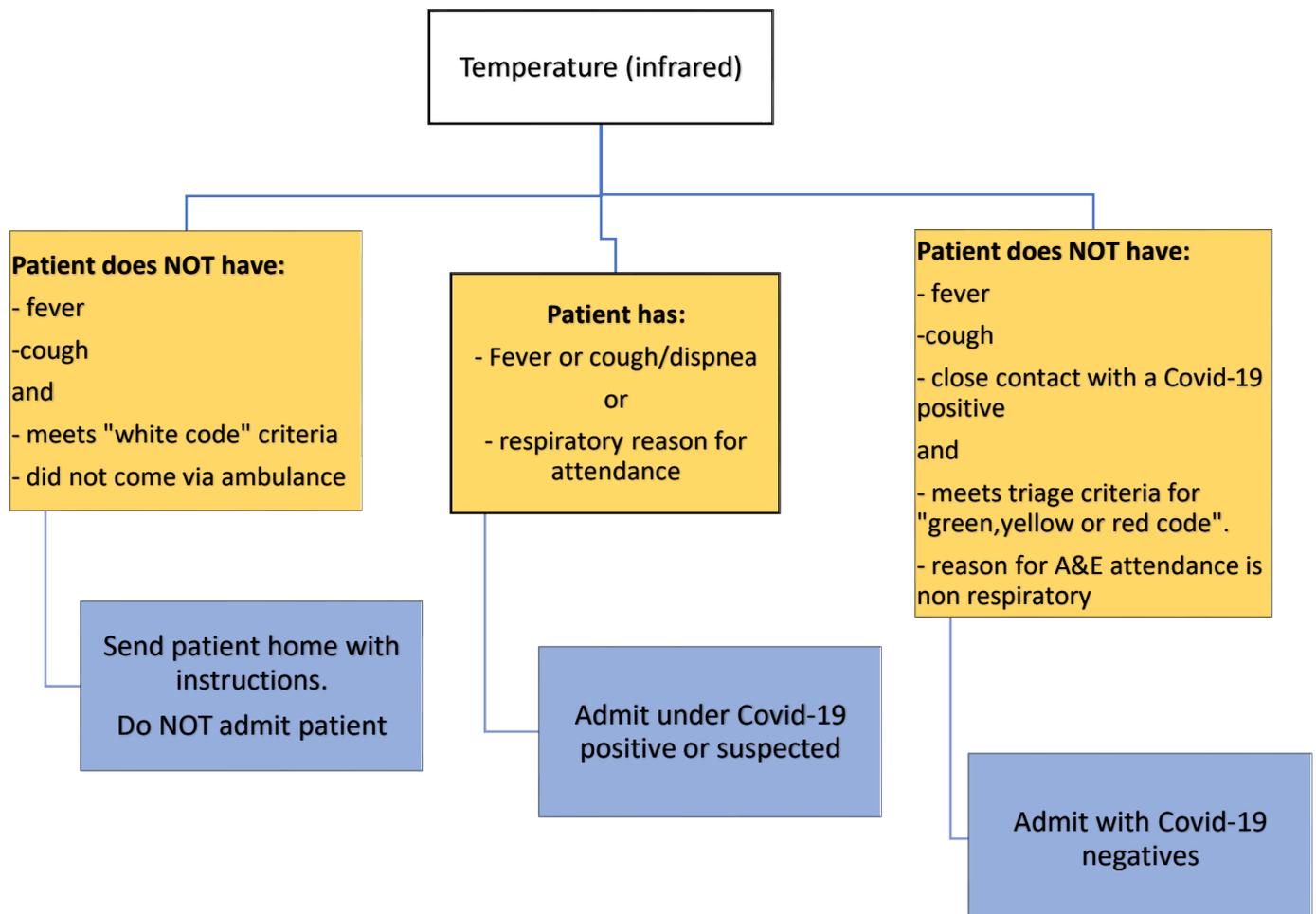# PRE-TRIAGE
Triage nurse with PPE. Ideally patients are seen outside the A&E area

Aims:

1. Patients triaged with "white code" (see note 1) should return home.

2. Divide patients who are Covid-19 negatives from those who are Covid-19 positive or suspected.

3. Give to EVERY patient displaying signs or symptoms of respiratory or infectious disease mask and gloves AFTER hand hygiene.
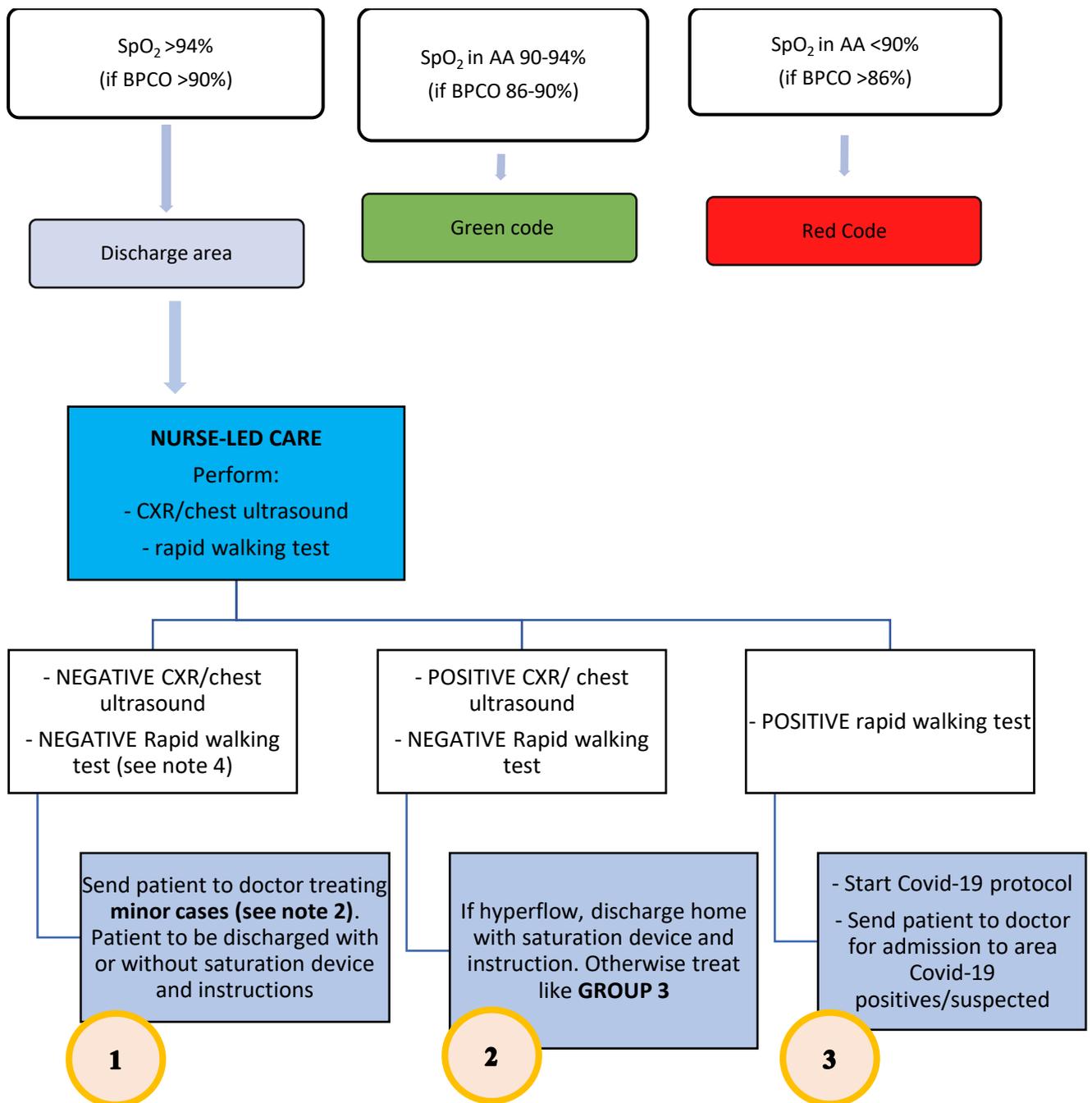
```
                        Temperature (infrared)


Patient does NOT have:          Patient has:              Patient does NOT have:
- fever                                                   - fever
-cough                     - Fever or cough/dispnea        -cough
and                              or                        - close contact with a Covid-19
- meets "white code" criteria  - respiratory reason for     positive
- did not come via ambulance     attendance                and
                                                            - meets triage criteria for
                                                            "green,yellow or red code".
                                                            - reason for A&E attendance is
                                                            non respiratory

      Send patient home with
         instructions.
      Do NOT admit patient          Admit under Covid-19
                                     positive or suspected
                                                                  Admit with Covid-19
                                                                      negatives
```

TRIAGE Covid-19 POSITIVES/ SUSPECTED
Nurse with full PPE. Ideally see patients outside the main A&E area

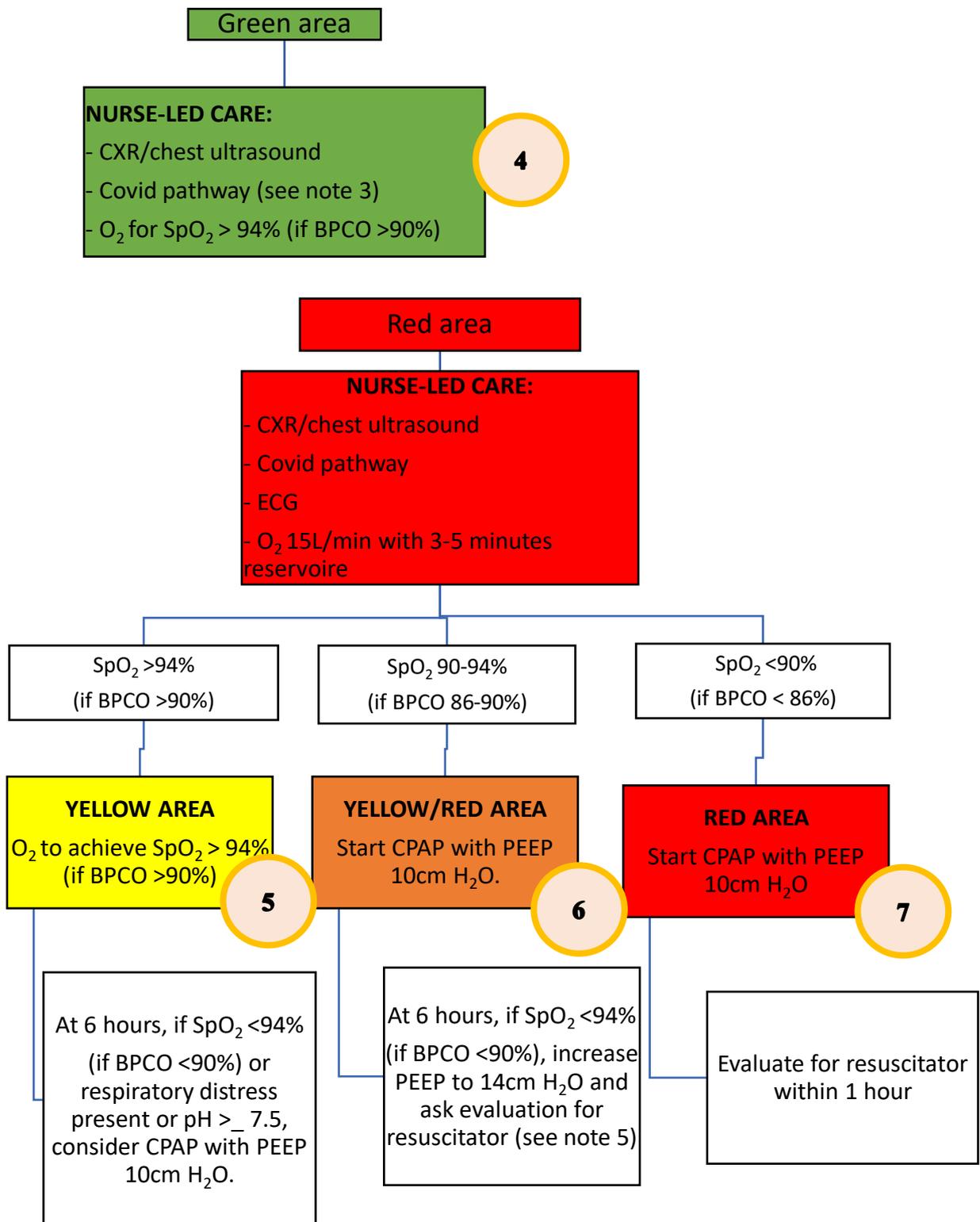### * FLOW CHART IS A GUIDELINE ONLY *

Aims:

1. Identify suspected Covid-19 patients who do not require hospital admission.

2. Start intensive therapy pathways for those with respiratory insufficiency.

SpO_2 >94% (if BPCO >90%)	SpO_2 in AA 90-94% (if BPCO 86-90%)	SpO_2 in AA <90% (if BPCO >86%)

Discharge area	Green code	Red Code

NURSE-LED CARE
Perform:
- CXR/chest ultrasound
- rapid walking test

- NEGATIVE CXR/chest ultrasound - NEGATIVE Rapid walking test (see note 4)	- POSITIVE CXR/ chest ultrasound - NEGATIVE Rapid walking test	- POSITIVE rapid walking test
Send patient to doctor treating **minor cases (see note 2)**. Patient to be discharged with or without saturation device and instructions	If hyperflow, discharge home with saturation device and instruction. Otherwise treat like **GROUP 3**	- Start Covid-19 protocol - Send patient to doctor for admission to area Covid-19 positives/suspected
1	**2**	**3**

PATHWAY FOR Covid-19 POSITIVES/SUSPECTED WITH RESPIRATORY FAILURE

A&E nurse with full PPE.

Green area

NURSE-LED CARE:

- CXR/chest ultrasound

- Covid pathway (see note 3)

- O_2 for $SpO_2 > 94\%$ (if BPCO >90%)

(4)

Red area

NURSE-LED CARE:

- CXR/chest ultrasound

- Covid pathway

- ECG

- O_2 15L/min with 3-5 minutes reservoire

SpO_2 >94% (if BPCO >90%)	SpO_2 90-94% (if BPCO 86-90%)	SpO_2 <90% (if BPCO < 86%)

YELLOW AREA
O_2 to achieve $SpO_2 > 94\%$ (if BPCO >90%)

(5)

YELLOW/RED AREA
Start CPAP with PEEP 10cm H_2O.

(6)

RED AREA
Start CPAP with PEEP 10cm H_2O

(7)

At 6 hours, if SpO_2 <94% (if BPCO <90%) or respiratory distress present or pH $\geq$ 7.5, consider CPAP with PEEP 10cm H_2O.

At 6 hours, if SpO_2 <94% (if BPCO <90%), increase PEEP to 14cm H_2O and ask evaluation for resuscitator (see note 5)

Evaluate for resuscitator within 1 hour

1. Italian Triage system: Color codes

- RED CODE: very critical, life-threatening conditions, maximum priority, immediate access to health care.
- YELLOW CODE: medium critical, possible evolution risk, potentially life-threatening conditions, performance cannot be postponed.
- GREEN CODE: low criticity, no evolutionary risks, performance can be postponed.
- WHITE CODE: non critical, non –emergency patient.

2. Doctor for minor cases.

In the event of high number of admissions, consider delegate this task to doctors from other specialities, so that emergency care physicians can focus on high-risk cases.

3. Covid-19 pathway.

AST, ALT, Creatinine, Azotemia, FBC, Potassium, Na, Cl, glucose, PT, PTT, PCR, LDH, Covid-19 swab, Pneumococcal and Legionella Urinary Antigen Tests (UAT), blood gases.

4. Rapid walking test.

Take basal SpO_2. Then the patient should walk at the highest possible speed for 20-30 meters on a linear path. Measure SpO_2. The test is positive if the patient loses at least 5% saturation.

5. Evaluate for resuscitator

Literal translation. I am not sure if they mean intubation/ventilation/resuscitation or evaluate the use of a resuscitator machine?