Emergency Medical Record - Suspected or Confirmed COVID-19 case

Press F3 to jump from underscores to underscores

Presenting Complaint

Presenting COVID-19 symptoms

(If present, number of days prior to presentation, N if absent)
Acute Shortness of Breath: _
Acute cough: _
Change to chronic cough: _
Anosmia or Dysgeusia (changes to smell or taste): _
Sore throat: _
Runny nose: _
Fever (subjective or recorded at home / by paramedics / by GP): _
Acute fatigue: _
Acute muscle aches: _
Acute diarrhoea: _
Other: _

History of Presenting Complaint (only if further detail required)

Past Medical History

Medications

Allergies

Systems Review

COVID-19 Risk Factors: (Y if present, N if absent)
Chronic respiratory illness: _
Obesity: _
Chronic cardiac illness: _
Hypertension: _
Diabetes mellitus: _
Active cancer: _
Immunosuppressive pharmacotherapy: _
Other (Please provide details): _

Overseas Travel in 28 days prior to presentation: _
Close contact with confirmed COVID-19 case prior to presentation: _
Residential/Aged Care Facility Resident: _
Health Care Worker: _

Current Pregnancy: _

COVID swab for this patient prior to this ED presentation:
(Place X next to appropriate answer)
_ COVID Positive
_ COVID Negative
_ Results unknown at time of presentation
_ No prior test performed

Social History

Clinical Frailty Scale: (Place X next to appropriate answer)
_ 1 - Very Fit: exercises regularly, robust, energetic
_ 2 - Well no active disease, exercises occasionally
_ 3 - Managing Well medical problems well controlled, no exercise
_ 4 - Vulnerable symptoms limit activity, slow/tired
_ 5 - Mildly Frail needs help with walking outside/housework/meals
_ 6 - Moderately Frail needs help outside the home/walking up stairs/bathing supervision
_ 7 - Severely Frail dependent for bathing/toileting
_ 8 - Very Severely Frail completely dependent for all activities
_ 9 - Terminally Ill

Other Social History: _

Physical Exam

Observations & Measurements

Alert / Verbal / Pain / Unresponsive: _ (Use A/V/P/U)
Chest Auscultation Abnormal: _ (Y if abnormal and detail, N if normal)
Other Examination Findings: _

Impression

(Place X next to appropriate answer)
_ Mild (RR less than 24 and O2Sats greater than 92% on room air)
_ Moderate (Respiratory distress, RR greater than 24 and O2Sats greater than 92% on room air)
_ Severe (Respiratory distress, RR greater than 24 and O2Sats less than 92% on greater than 6L intranasal O2)
_ Extreme (Respiratory distress, RR greater than 24 and O2Sats less than 92% despite Nasal High Flow O2 (NHFO) at 30L and wall O2 15L)

Other Diagnosis: _

Assessment and Plan

COVID management per Impression stratification and current guidelines
Mild: Continue on room air and monitor 4 hourly while in hospital
Moderate: 1-4L O2 via standard intranasal prongs and monitor 4 hourly
Severe: Initiate Nasal High Flow O2 (NHFO) at 30L, pump flow at 37 degrees and titrate wall O2 flow to keep SpO2 88-92%. Monitor hourly for minimum 4 hours or until stable

Management Checklist: Place X if completed
_ I have ordered COVID investigations care set ordered
_ I have completed Goals of Care
_ I have provided the patient with information regarding their diagnosis and treatment
Additional plan: _

Consultations including ED Senior Staff