

Clinical Scenario

Viral Illness (COVID)

Scenario:

26-year-old female to ED with SOB for 6 days.

Initial Vitals: O₂ sat 84% RA, T 37.2°C, R 36, P 108, BP 210/130.

ED Course:

4L NC started
IV Labetolol X2

At Time of Decision:

Medical Hx: Obesity, HTN, tobacco use

Vital Signs: O₂ sat 94% on 4L NC, 85% on RA, HR 96, RR 28, BP 160/82

Radiology: CXR LLL opacity, ? PNA

Labs: COVID +, WBC 4.6, Hg 10.6

Recommended Workflow

C- Consider appropriate care setting

- Hospitalization

A- Ask what the principal diagnosis is?

- Viral Pneumonia (COVID)

R- Review INPT guideline first, then OBS

- INPT Criteria: MET

E- Enter bed status / level of care order

- Inpatient

D- Document criteria in medical record

INPATIENT

- Pulmonary indication (ONE):
 - Hypoxemia with one:
 - no baseline O₂, sat <90%
 - no baseline O₂, new O₂ need
 - + baseline O₂, need increased
 - Ventilator, NIPPV
 - Tachypnea* RR >24
 - Accessory muscle use
 - Resp retraction
 - Airway obstruction (edema)
- Systemic manifestation one:
 - Hemodynamically instability
 - Dehydration*
 - Needs IV fluid support*
 - Altered Mental Status*
 - New Coagulopathy
 - Stage 3 ARF (see lab values)
 - Stage 2 AKI (see lab values)
 - Cardiac arrhythmia
 - Hypothermia, R T ≤95°F / 35°C
- Disseminated herpes
- Viral hemorrhagic fever
- In hospital isolation indicated

*Criteria must be severe or persist despite treatment or despite OBS care

OBSERVATION

- Abnormal VS (ALL):
 - Not expected
 - VS abnormality (ONE)**:
 - Tachycardia
 - Hypotension
 - Orthostatic
 - Tachypnea ≥18 RR in Adult
 - Altered Mental Status**
 - Acute Kidney Injury (ONE):
 - Elevated creatinine (x2)
 - ≥50% reduction eGFR
 - Urine output <0.5mL/kg for 12hrs
 - Dehydration
 - Ability to maintain oral hydration unclear
 - High risk for clinical deterioration with (ONE):
 - Patient is frail
 - Significant comorbidity
 - Immunocompromised
- **Can NOT be patient's baseline.

Teaching Points

- The Viral Illness guideline manages illness of viral etiology only and targets viral diagnoses that are pulmonary or systemic in nature.
- This guideline is NOT to be used on gastrointestinal, neurologic or dermatologic viral illnesses.
- Patients with pneumonia of unknown etiology or those treated with empiric antibiotics should most likely be managed with the Pneumonia guideline.
- When differentiating between use of the Viral Illness or use of a Pneumonia guideline, the Viral Illness guideline applies to patients with a fairly certain diagnosis of viral pneumonia (eg, positive influenza/COVID/RSV test).