

Clinical

Fever | Dyspnoea | Dry Cough

Remember: symptom onset may occur in patients already hospitalised for other reasons → consider in all cases of HAP

Other Symptoms:

- headache
- myalgia
- sore throat
- diarrhoea

Replicative / Innate Immunity Stage
Coryzal / flu-like illness (may be mild), pneumonia **Day 0-7**

Adaptive Immunity Stage +/- Cytokine Storm
Recovery or pneumonitis, ARDS, myocarditis, shock **Day 5-12**

Oxygen

Target SpO₂ 92-96% → 88-92% if chronic or acute-on-chronic hypercapnic respiratory failure

Administer O₂ at 1-5 L/min via nasal cannula → 6-9 L/min via face-mask (avoid Venturi) → 15 L/min via non-rebreathe mask until target SpO₂ achieved → urgent senior review if persisting hypoxaemia

Document escalation and DNACPR decision RESPECT

Consider early use of CPAP starting at 10cmH₂O with 60% O₂ (or BiPAP if T2RF) as a ceiling-of-care or bridge to IMV if appropriate

See [Summary Respiratory Care Pathway](#) for full details

IV Fluids

AVOID IV fluids where possible → may exacerbate ARDS

Ensure adequate oral fluids to maintain hydration (high insensible losses due to fever and tachypnoea)

Shock is rare in the absence of superimposed bacterial infection

If IV fluids are required (e.g. hypovolaemia, AKI) give minimum possible volume of IV Hartmann's e.g. 250mL and reassess

Avoid fluid bolusing and **DO NOT** exceed 30mL/kg in first 4h

Seek early senior review if larger fluid volumes being considered

Investigations

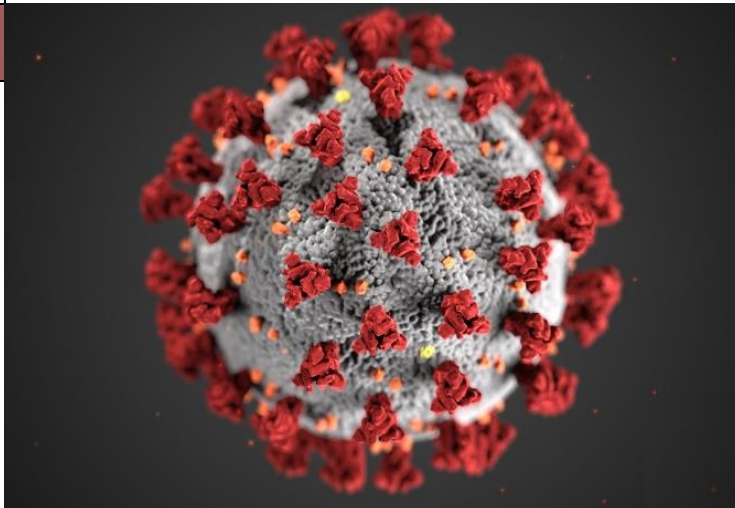
Bloods

- CRP may be normal or raised (degree of elevation correlates with severity and prognosis)
- Lymphopenia and thrombocytopenia are common
- Transaminitis may occur
- Troponin, BNP and d-dimer may be elevated

Imaging

- CXR typically shows bilateral peripheral / basal ground-glass opacification; pleural effusions are rare
- CT thorax may expedite decision-making in selected patients with severe illness or high clinical suspicion when PCR is negative / pending

Nasopharyngeal swab for COVID-19 if case definition met sensitivity ~75% → single negative PCR does not exclude COVID-19 → consider repeat swab 48 h after first swab taken +/- CT chest



Differential Diagnosis

Unwell patients are likely to have one or more comorbidities

Always consider alternative causes of respiratory failure

Superimposed bacterial pneumonia (including HAP) may occur

Send blood cultures and other microbiology as indicated

Nasopharyngeal swabs for other respiratory viruses are NOT required; requests will not be processed outside of ITU conventional viral PCR panels for coronavirus DO NOT detect COVID-19

Risk Factors for Severe Illness

- ! Hypertension
- ! Heart Failure
- ! Ischaemic Heart Disease
- ! Obesity
- ! Diabetes
- ! Malignancy / Immunosuppression
- ! Chronic Respiratory Disease

Antibiotics

NOT required for most patients

CRP may be significantly elevated in the absence of superimposed bacterial infection

If purulent sputum and normal CXR treat as per SWFT Antimicrobial Guidelines for LRTI

Pneumonia (including HAP) and Neutropenic Sepsis → follow existing SWFT Antimicrobial Guidelines

Other Treatments

Dexamethasone 6mg OD PO or IV should be prescribed for all patients with respiratory failure / requiring oxygen for **10 days or until discharge** (whichever is sooner), unless contraindicated

Hydrocortisone 50mg TDS IV is an alternative and may be continued for up to 28 days in patients with septic shock, unless contraindicated

Pregnant / breastfeeding women should receive **Prednisolone 40mg OD PO or Hydrocortisone 80mg BD IV** instead

Thromboprophylaxis and Coagulopathy → see Trust Guideline [CV19-98](#)

Criteria for Discharge From Inpatient Wards

- ✓ Overall trend of resolving pyrexia
- ✓ Other physiological parameters improving
- ✓ SpO₂ at baseline or ≥ 92% without supplemental O₂
- ✓ No complications or other acute illnesses mandating ongoing hospital admission
- ✓ Able to understand and comply with self-isolation
- ✓ Able to call for assistance in case of deterioration
- ✓ Arrangements for 'shielding' of vulnerable family

Provide safety-net and self-isolation advice