

**Supplement 2:**

Daily Assessment of the Patient with COVID-19 for Non-Critical Care-  
Trained Doctors Working in ICU

# DAILY ASSESSMENT OF THE PATIENT WITH COVID-19

## *for Non-Critical Care-Trained Doctors working in ICU*

### APPROACH

- Daily assessment needs to balance risks to patients vs risks to providers
- **Do not clinically examine the patient unless indicated** (e.g. signs of clinical deterioration). If clinical examination required, contact ICU-trained Doctor
  - **Review** notes and preceding events
  - **Visualise** patient and monitoring and **assess** physiological and biochemical variables

**A**

- Confirm **Endotracheal Tube Position**: Note length, change in length and tube size
- Confirm **CVC** in situ, and tip at or just above cavoatrial junction in CXR
- Confirm **NGT** inserted and tip below diaphragm

**B**

- **Notify ICU-trained Doctor if SpO<sub>2</sub> ≤90% or PaO<sub>2</sub> <7.3KPa**
- Confirm **ventilator settings** – *have there been any changes since previous shift?*
- Check FiO<sub>2</sub>
  - Confirm FiO<sub>2</sub> against High PEEP/Low FiO<sub>2</sub> table below
- Goals:
  - Plateau pressure ≤28cmH<sub>2</sub>O (**not peak pressure**)
  - Tidal volume 4-8ml/kg
  - pH 7.30-7.45
    - pH down to 7.15 is tolerable in setting of hypercarbia **without** co-existent neurosurgical insult. If pH <7.30, notify ICU-trained Doctor

**C**

- **Patients must not receive maintenance fluids without specific input from the Consultant or Senior Fellow present in ICU**
- Daily fluid balance goal: 0 to -500ml
- Goal **Mean Arterial Pressure** ≥65mmHg
- Assess use of vasopressors
  - Noradrenaline ≥0.5microg/kg/min → contact ICU-trained Doctor
  - Vasopressin ≥1unit/hr → contact ICU-trained Doctor

**D**

- Check sedating medications:
  - Propofol 2%, 0-3mg/kg/hr
  - Fentanyl 0-200microg/hr
- Check neuromuscular blocking agents
  - Atracurium 0.3-0.6mg/kg/hr
- Consider daily sedation & paralysis hold (**Contact ICU trained Doctor before initiating**)

**E**

- Confirm NG feeds running & aperients prescribed
- Does the abdomen appear distended? Are peak pressures high? Are gastric residual volumes ≥250ml on 2 consecutive occasions? → Discuss with ICU-trained Doctor

### Electrolyte Targets:

- Sodium 135-145mmol/L
- Potassium 4.5>5.5 mmol/L
- Magnesium ≥1.0mmol/L
- Phosphate ≥0.75mmol/L
- Ionised Calcium (measure on ABG) ≥1.2

### Investigations:

- **2-hourly:** ABG
- **Daily:** FBC, Renal + Bones Profile, LFT, CRP, Urea, Coagulation Profile, Troponin T
- **Mon/Wed/Fri (+ clinical indication):** BNP, CXR
- **On Admission:** All of above