

NHS Greater Glasgow & Clyde

COVID-19 Pneumonia Treatment Escalation Plan

TEP should be completed for all patients with COVID-19 pneumonia.
 Categorisation and escalation decisions will be reviewed where appropriate in daily escalation MDT.
 TEP would be revisited in discussion with respiratory team (+/- escalation MDT) if in hospital-progress suggests appropriate.

Patient label

First Name _____

Surname _____

CHI _____

Completing doctor

Name _____

Signature _____

Date / Time _____

Consultant _____

Signature _____

Date / Time _____

Communication & Documentation

Escalation plan discussed with patient?

Yes / Deferred / No

Comments:

Escalation plan discussed with family?

Yes / Deferred / No

Comments:

DNA-CPR completed?

Yes / Deferred / No

Comments:

Adults with incapacity form applicable?

Completed / Not applicable

COVID-19 Classification and Escalation Plan, and target SpO2

For escalation	90 - 94%
Diagnostic / prognostic uncertainty For active review	88-92% At risk for hypercapnic respiratory failure
Ward level care	90 - 94%
Low risk of respiratory failure Recategorise if deterioration	88-92% At risk for hypercapnic respiratory failure
Ward level care	88-92%
Low risk of respiratory failure Recategorise if deterioration	88-92%

Escalation criteria pending reclassification: -

Clinical Notes

Review and reclassification of amber classified patient

Clinical notes

For escalation
Ward Level
Low risk

Date

Virology testing - prioritise amber patients
Focused diagnostic assessment & treat active comorbidities / alternative diagnoses
Supportive care
Conservative fluid balance
Antibiotics only if additional bacterial infection: amoxicillin or doxycycline; IV coamoxiclav or PO/IV levofloxacin in amber/red; 5 days; IVOST
ACE inhibitor / ARB: continue if LVSD, stop eg if SBP <20mmHg of usual, AKI with serum Cr >30% baseline, restart when recovered
Corticosteroids: only give prednisolone 25mg for 5 days if asthma / COPD with bronchospasm
Anticipatory care planning and DNA-CPR discussions & documentation
Palliation of symptoms: as per NHS GG&C palliative care guidelines
Compassionate use / clinical trial therapies: on case-case basis



COVID-19 APPROVED GUIDANCE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

COVID-19 Pneumonia Treatment Escalation Plan

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	N/a
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Approval Group:	COVID19 Tactical Group

Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.