

1) **This guide should not supersede clinical judgement. If you are on the fence, please ask for another provider's input.**

2) **Common Symptoms:**

Fever

Cough (mostly dry; sputum production can occur)

Fatigue

SOB

Myalgia or arthralgia

Sorethroat

Headache

Chills

Nausea or Vomiting (5%)

Nasal congestion

Diarrhea (<4%)

Loss of smell/taste

Chest pressure - any severe chest pain should go to ER

Paresthesias (burning sensation) - particularly to chest and back, may be experienced anywhere on body

Hemoptysis (<1%)




Conjunctivitis/pink eye

Rash- generalized rash - very rare

3) **Physical Exam:**

- General appearance: lethargic, difficulty speaking, confused (can be signs of hypoxia) → ER

- **Vital Signs:**

1. **BP:** Most adults have a BP machine; use it (will also get you HR)
 Alarm: BP < 90/100 (ask for their baseline) BP>170/180=Hypertension
2. **RR:** have the patient sit sideways, place their hand on their chest as if they are pledging to flag and count their RR.
 Alarm: RR > 30 → ER evaluation, unable to speak in full sentences → ER, **Do not perform an Exertional test** if they failed the resting test.
Exertional test RR > 30 → ER
3. **HR:** can get either on BP machine or via pulse oximeter (but pts can confuse #s); instruct pt on how to check radial or carotid pulse, have them count out loud helps to see if regular pulse versus irregular (time them on your phone for 15 sec and multiple by 4)
 Alarm: HR > 110 or < 50
4. **Temp:** subjective fevers vs. thermometer (accuracy: rectal > forehead > oral/ear > armpit). CDC: Fever ≥ 100.4F/38C and also considers + fever when they “feel warm to touch or give a history of feeling feverish”

🚨 Alarm: Temp > 101F (38.3C) or < 96.8F (36C) - covid pts can have fever for several days (even 2 weeks), but there could be a concern for sepsis, or pneumonia in general in pts with fever; is patient clinically well appearing? ask yourself if there is a concern for a bacterial infection and do they require ER evaluation or concern for a Bacterial PNA and if they need to get CXR or empiric abx

5. **O2 Sats:** pulse oximeter reading (ask them to show it to you because pt may confuse HR and Sats); if pulse oximeter not available, look for cyanosis: blue lips, fingertips, toes

🚨 Alarm: $\leq 93\% \rightarrow$ ER; *except for non ED follow up discharge patients who have an oxygen concentrator at home*

- Lightheaded/feeling if they stand they will pass out \rightarrow ER
- Severe chest pain or tightness \rightarrow ER

4) **Treatment** options/discussions (outpatient)

- Hydration is important, antipyretics
- Inhalers: Albuterol- if hx RAD/COPD/asthma, if other people in home try to use MDI (avoid nebulizer due to generation of aerosols), with spacer if available
- Steroids - if asthmatic or RAD/COPD: continue taking your inhaled or oral steroids (not to be used in severe covid - but at this point they should be in ER)
- NSAIDs - may use, no evidence against its use. However, Acetaminophen is the preferred fever reducer in COVID-19
- HCQ/Azithro- NO
- Ivermectin- NO unless patient is a farm animal
- Zinc, Vit C, Vit D- No evidence that these help treat COVID-19
- Antivirals - NOT recommended
- ACE/ARBs: continue in pts with indications

We are not prescribing or encouraging the use of any off label medications for COVID

5) **Instructions to use:**

- Inhaler: respiratory distress not requiring ER visit: Albuterol (Ventolin) 8 puffs then q4 hrs 2 puffs, consider follow up televisit to ensure response
- Finger Pulse Oximeter - typically Oxygen saturation reading is on the Left when both parameters (O2, HR) are in horizontal plane, and on top when vertical. Don't perform O2 sat and BP simultaneously on the same arm.

6) **Testing** for Covid19: DOH does not recommend testing at this time. Testing only for hospitalized patients.

- Beginning Wed April 8, NYP will offer covid19 testing for HCW with symptoms. Please get name, phone number, email address and NYP site of employee if you get such calls until we provide additional details.

7) Messaging:

COVID Precaution Messaging (M.Stern)

Our current need to incorporate into our guidance/management permissive mild hypoxia (and the symptoms that go along with that) for a patient on a first time telemedicine call with suspected Covid has become paramount for our practice and the downstream care of the sickest patients in the ER and hospital. Therefore, messaging to the patient, in language that they can understand, as to what exactly to watch for that would warrant concern (beyond the very commonplace symptoms of chest tightness and shortness of breath that the majority of patients complain of) is extremely important. Here is what you should message:

1. "Call 911 immediately if you develop warning signs that represent an emergency"
2. Extreme trouble breathing, very rapid breaths (panting) or gasping for air while at rest.
3. Inability to finish your sentences or hold your breath for 10 seconds
4. Severe panting or rapid breathing (as if you have just sprinted 5 blocks) after only walking to your bathroom or down the hall
5. Severe chest pain or pressure
6. Confusion that's not normal for you
7. Not being able to stay awake or respond to others
8. Inability to drink any water for 24 hours or having less than 2 urinations a day
9. Blue color in your lips, face, or hands

If any patient that has these symptoms listed above or appears extremely unwell, please have the patient or a family member call 911 and stay with them on the visit until help arrives.

8) Pearls:

- Can you hold your breath for 10 seconds?
- Change positions: sit upright, non-painful side of lungs down in lateral decub for few minutes, recheck O2 sat, then upright again.

9) Emergency/Arrest/CPR scenario:

- If a patient is awake and alert, but needs 911, stay with them, have them call 911 from another phone (if available).
- If there is no second phone, call 911 yourself, stay on the phone with the patient, ask for help getting to the 911 operator in the area where patient lives.
- Tell pt or family to unlock door, reconfirm address, tell 911 operator that pt is covid
- How to explain how to do CPR to lay person: **Rate 100-120**; Put your hands on top of each other over the center of the chest and push hard and fast (arms should be straight)

10) Additional resources:

- **Follow up with PA or NP for at-risk patients with symptoms:**
CovidTeleFollowUP@med.cornell.edu
 Provide pt's name, MRN, DOB, Phone number, reason for f/u
 Can also give patients their phone number: 212-746-3262
 Available during business hours Monday-Friday
- **Free follow-up visit COUPON CODE:** April 2020
 Adult: WCEA59042 Peds: WCEP10467
- **Uptodate** - provides guides and dosing for urgent care questions. Access is restricted to the NYP-Weill Cornell Network and registered users off-campus. To use the App, register as an individual user at UpToDate via the Weill Cornell network. Registration is free. Every 30 days, an email message will inform you of the need to verify your affiliation with WCMC or NY.
 Link: <https://www.uptodate.com/login-register>
- **Pacific Interpreters:** (800) 876-3059 CODE: 836970
- **Nexus:** ED covid guidelines. Scroll down for **Telemed** section. There are more documents on the right hand column too, and several templates for different notes that you can download and place as templates into **your OnDemand preferences**, including Note for Work (NOT for clearance, WHS does clearance)
<https://nexus.weill.cornell.edu/pages/viewpage.action?pageId=125534812>
- **Psych** counseling service (CopeNYP) **for faculty and staff.** Send an email to:
empcounselinghelp@med.cornell.edu
- **Psych** Liaison Service for group therapy sessions:
<https://psychiatry.weill.cornell.edu/node/475>

WCM Specialist Referral Phone numbers:

Specialty	Contact info
Cardiology	646-962-5558
Dermatology	646-962-3376
ENT	646-962-3681
GI	646-962-8462
MSK/sports/ortho/spine (Rehab Medicine)	212-746-1500
Neurology	646-962-9197; 212-746-2596
OB/Gyn	646-962-2229
Ophthalmology	646-962-2020
Primary Care	646-962-7300
Psychiatry	All levels of care- 888-694-2255 Specialty center- 646-962-2820 (out of pocket)
Pulmonary and Critical Care	646-962-2333
Rheumatology	877-606-1555
Urology	646-962-9600
Vascular Surgery	646-962-8450

EMERGENCY ROOMS CONTACT INFORMATION

ADULT

MANHATTAN	
NYP – Weill Cornell Medicine	212-746-3701
NYP – Columbia / Milstein	212-305-6204
NYP – Allen Pavilion	212-932-4245
NYP – Lower Manhattan Hospital	212-312-5701
Mt. Sinai (UES)	212-241-6639
Mt. Sinai – Beth Israel	212-420-2840
Mt. Sinai West / St. Lukes	212-523-4000
NYU – Bellevue	212-562-8052
Harlem Hospital Center	212-939-2250
QUEENS	
NYP – Queens	718-670-1100
Flushing Hospital Medical Center	718-670-5495
Mt. Sinai - Elmhurst	718-334-3054
Mt. Sinai – Hospital of Queens (LIC/Astoria)	718-932-1000
Northwell – LIJ	718-470-7500
BROOKLYN	
NYP – Brooklyn Methodist	718-780-5555
Coney Island Hospital	347-563-6552
SUNY – King’s County Hospital	718-245-4602 / 718-270-6315
Woodhull Hospital	718-963-8442
Maimonides Medical Center	718-283-1434
BRONX	
Jacobi Medical Center	718-918-5800
Lincoln Hospital	718-579-5200
SBH Health System (St. Barnabas)	718-960-9000 (connect to ER)
North Central Bronx Hospital	718-519-3013
Montefiore Medical Center	718-920-5731

