**COVID-19 PATIENTS INTER-FACILITY TRANSFER GUIDANCE**

**FROM THE DISTRICT HOSPITALS FOR ADMISSION AT THE COVID-19 HDU/ICU REFERRAL CENTERS (including CHUK, CHUB, RMH, KFH, Kibungo RH, Kibuye RH Ruhengeli RH and Nyamata COVID-19 Mobile Hospital)**

**(Note: a facility is listed as a “COVID-19 HDU/ICU referral center” if it can offer at minimum a continuous multi-parameters monitoring, an uninterrupted high-flow oxygen therapy via mural pipes connected to the on-site PSA oxygen plant, C-PAP and has the mechanical ventilation capability. The facilities are encouraged to remain flexible in allowing COVID-19 patients to access the several specialized services available & offered by trained multi-specialty staff, even if it could an out-of-catchment referral)**

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* Hypoxia with altered mental status (GCS less than 15).
* Respiratory rate > 30 breaths/min + any level of hypoxia not responding to non-invasive oxygen therapy available at the referring health facility.
* SpO2 < 90% despite 15L/min oxygen supplementation with facial mask + reservoir (if available).
* Shock refractory to fluid therapy with a bolus of crystalloids (i.e. 1 – 2 liters).
* Patients with signs and symptoms of Diabetic Mellitus emergencies (Diabetic Ketoacidosis or Hyperglycemic Hyperosmolar State).
* Patients with COVID-19 requiring special tests like CT Scans, Cardiac tests for different purposes, any other medical procedures or consultations by a specialist not available at the referring facility. Where possible, tele-health can be used to obtain a second opinion from several other specialist doctors across Rwanda.
* COVID-19 patients with surgical conditions that are not treatable in their respective District, Referral or Provincial Hospitals which can be treated at COVID-19 Provincial HDU/ICU, the National COVID-19 Treatment Center or COVID-19 Units at the tertiary & academic hospitals.
* Pediatric COVID-19 cases in the category of moderate, severe and critical disease as they require a multidisciplinary approach and the daily guidance from specialist pediatricians. All the pediatric COVID-19 patients should be assigned to a pediatrician who follows and reports the **daily progress** of the patient to the relevant authorities (i.e. Hospital Director General, Clinical Director, Command Post and the Ministry of Health).
* All high risk individuals (i.e. age above 60, pregnant or breastfeeding women, individuals with NCDs, Body Mass Index above 25, smoking history, immunosuppression, cancer, chronic lungs, kidney or liver disease, cardiovascular disease etc.) recommended for the treatment with novel therapeutics (i.e. Paxlovid etc.) should be timely screened and provided the antiviral therapy as soon as possible if eligible to the selected therapeutic choice (i.e. within 5 days from the time of COVID-19 diagnosis). In the event that these drugs are not available at the hospital pharmacy, all efforts should be made to facilitate the patients to access these medications without difficulties. The treating physician and his/her line managers are responsible to ensure the patient is timely treated and appropriately monitored. Different arrangements can be made as deemed feasible, safe and responding to the patient’s ideas, concerns and expectations.

**N.B:**

**1.** All the patients on renal replacement therapy like hemodialysis should be referred to the closest hemodialysis centers in order to avoid interrupting their usual care which can lead to deleterious effects on their health.

* Gihundwe DH, Gisenyi DH, CHUK, CHUB, RMH, KFH & Nyamata Mobile COVID-19 Hospital are potential centers that can take over the care for the patients on hemodialysis, and the contact can be made directly with the clinical authorities at those centers with the support from the MoH and the Rwanda Joint Task Force for COVID-19.

**2.** For all the patients with irreversible multiple organs dysfunction and other terminal illnesses, the involvement of patients’ families in decision making for transfer to use the invasive procedures is mandatory as part of standard good clinical practice.

A clear documentation regarding education, exchanges and counseling is mandatory. All clinical decisions should take into account the patients’ families ideas, concerns and expectations.

**3.** All patients who need advanced care must be facilitated regardless to their insurance status and their ability to co-pay for the care received. District authorities and hospitals’ social service departments should constantly work together and ensure that the clinicians focus first on saving lives, and the remaining logistics are secondarily sorted out by the concerned administrative authorities.

**4.** For efficient communication, please use the usual hospital coordination telephone numbers for the COVID-19 HDU/ICU referral centers and those of the tertiary & academic hospitals to alert the team on-site when the patient is en-route. **Please note that the call for referral should ONLY serve for the destination hospital to be ready and NOT to create an argument that could lead to an access block which does not benefit the COVID-19 patient in need of advanced review and care.**

**5.** The COVID-19 Clinical Management Guidelines for Rwanda should always be followed, especially for the timely initiation of all the COVID-19 therapeutics for severe cases (including antiviral therapy such as Paxlovid, broad spectrum antibiotherapy, dexamethasone, baricitinib, anticoagulation etc.) and the continuation of other essential health services as deemed necessary case by case. Refer to the most updated COVID-19 clinical management guidelines available on [www.rbc.gov.rw](http://www.rbc.gov.rw) .