

CORONA-WARS:



OBJECTIVES:

- Management of COVID-19 infections with respiratory comorbidities

THE SITUATION:

- 34 year old female with history of severe asthma, presents with low grade fever, wheeze, sats 92% and decreased peak flows at home.
- No known exposures, but community spread has been described.

DISCUSS (#1):

- Can we use nebulizers with this patient? How and where in the Emergency Department? Options?
- What should be our goals managing this patient in our department?

SITUATION UPDATE:

- With simple oxygen and medications, the patients work of breathing improves.
- An XR is performed and shows bilateral patchy infiltrates.
- Work towards discharge without nebulizers.

DISCUSS (#2):

- Is it possible to keep this patient on appropriate precautions during her stay?
- How does your department need to change to accommodate patients like this?

CHALLENGE:

- Consider your management of this case during different stages of the COVID-19 Pandemic: i.e. how might management be different 3 days from now, or 1 week from now? A month?

DEBRIEF:

- How many staff did she come into contact with? Could it have been less?
- How can you reduce staff exposure with similar patients in the future?
- How do we treat respiratory comorbidities in the context of COVID-19 infections?
- What are her discharge instructions?