

# CORONA-WARS:



## OBJECTIVES:

- Remember that all the rest of Emergency Medicine is still going to happen, but given appropriate context, suspicion for COVID-19 should remain high.

## THE SITUATION:

- 79 male, very healthy (rides his bike daily) developed chest tightness and cough over 3-4 days, becoming productive. No known exposures, but was in Arizona 2 months ago.
- No URTI symptoms. No fever, no chills, vitals okay except tachy at 112, regular.

## DISCUSS (#1):

- What level of suspicion for COVID-19 should you have in this patient?
- Do you need precautions to see this patient?
- What are THE MOST common presenting symptoms of COVID-19 infection

## SITUATION UPDATE:

- On further workup the patient is found to have an ECG with non-specific changes, a very elevated (positive) troponin, an elevated BNP and CXR shows mild pulmonary edema.

## DISCUSS (#2):

- With a presumptive diagnosis of missed MI, do we continue to use precautions in this patient?
- What is his disposition?

## CHALLENGE:

- What if your department now has very limited PPE? Would this change your management of this patient?

## DEBRIEF:

- Do you test this patient for COVID-19? Is he now at increased risk of COVID-19 exposure having been in your ED?
- How can we stimulate ourselves to keep differentials wide in the context of this pandemic?