GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Patient Label

# Intensive Care COVID-19 Escalation Tool

During the COVID-19 pandemic, the need for Intensive Care support and Invasive ventilation is expected to be unprecedented. To ensure a timely and safe response in the escalation of care for these patients, please use the tool below to allow ***efficient and appropriate*** referral for Intensive care escalation.

*Dr. S. Tyrrell, Dr. A.Workman*

| **Responsible Consultant** | | **Resuscitation State** | Full/DNACPR |
|---|---|---|---|

| **Date** | | **Time** | | **Referrer details** | |
|---|---|---|---|---|---|

| **Physiological trigger to consider ITU escalation** | |
|---|---|
| Unable to maintain SpO2 >92% | ☐ |
| Inspired oxygen concentration of > 60% | ☐ |
| Evidence of respiratory distress / RR>25 | ☐ |
| NEWS > 7 from respiratory parameters | ☐ |
| Evidence of shock/systolic BP < 90 | ☐ |
| Despite adequate fluid resuscitation | ☐ |
| Institution of CPAP measures | ☐ |

## For referral to ITU for escalation – bleep 010

| **Patient Situation** | |
|---|---|
| Age | _____ years |
| COVID status | Suspected/Positive |
| Duration of symptoms | _____ days |

| **Background** | |
|---|---|
| Ischaemic Heart Disease | ☐ |
| Chronic Respiratory Disease | ☐ |
| Chronic Renal Disease | ☐ |
| Pre-existing Dialysis | ☐ |
| Cerebrovascular Disease | ☐ |
| Immunosuppressive condition | ☐ |
| Diabetes | ☐ |
| Hypertension | ☐ |
| Clinical Frailty Score | ____ |
| *(according to frailty scale on back of sheet)* | |

| **Current Physiological State** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Respiratory | Evidence of Respiratory Distress | | | | | | Yes/No |
| | Respiratory rate | | | | | | _____ bpm |
| | Oxygen Saturations | | | | | | _____ % |
| | Inspired Oxygen concentration | | | | | | _____ % |
| | ABG | pH | | PaCO2 | | PaO2 | |
| CVS | Heart Rate | | | | | | _____ bpm |
| | Blood Pressure | | | | | | ____/____ |
| | Evidence of Shock | | | | | | Yes/No |
| | Urine output (if available) | | | | | | ____ml/hr |
| Other | Evidence of Renal Failure | | | | | | Creat____ |
| | Glasgow Coma Score | | | | | | ____/15 |
| | Temperature | | | | | | ____°C |
| | Glycaemic control | | | | | | BM_____ |
| | Bilirubin | | | | | | _____ |
| | Platelets | | | | | | _____ |
| Prognostics | Ferritin | | | | | | _____ |
| | D-dimer | | | | | | _____ |
| | CRP | | | | | | _____ |
| | PCT | | | | | | _____ |
| | NLR (Neutrophil to lymphocyte ratio) | | | | | | _____ |

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| Patient's values and wishes discussed | ☐ | Medical Consultant agrees for escalation | ☐ |
|---|---|---|---|

Notes

## Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care,** from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

**9. Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months,** who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

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