

# Assessment of Patients with Possible COVID-19 Medical Directive – AUXILIARY

A Primary Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

## Indications

Patients who screens positive or has confirmed COVID-19.

## Conditions

	patient disposition
<b>Age</b>	N/A
<b>LOA</b>	N/A
<b>HR</b>	N/A
<b>RR</b>	N/A
<b>SBP</b>	N/A
<b>Other</b>	CTAS 3, 4 or 5

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## Contraindications

patient disposition
Patient and/or substitute decision maker (SDM) cannot demonstrate decision-making capacity based on the Aid to Capacity Evaluation Tool

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## Treatment

Consider patient disposition		
	Transport to closest most appropriate emergency department	Consider release from care*
<b>CTAS</b>	1 & 2  3 with comorbidities or respiratory distress	3 with mild or no respiratory distress**  4 & 5 without immunocompromise
<b>Other</b>		SpO2 ≥ 94% on room air

\*Prior to a release from care, the patient must be provided with contact information for their Local Public Health Unit, education on self-isolation and symptom management, and information for accessing assessment centres. Paramedics must document these instructions and patient and/or SDM consent to the plan of care in the remarks section of the Ambulance Call Report.

### Mandatory Provincial Patch Point

\*\*Patch to BHP for authorization to consider release from care for CTAS 3 patients with mild or no respiratory distress.

Patch to the BHP for patients where a paramedic identifies clinical concerns.

### Consider obtaining nasopharyngeal swab (if authorized and locally available)

Unless the patient has current epistaxis or recent significant facial trauma, obtain nasopharyngeal swab, complete the lab requisition and transport the specimen as per local arrangement.

## Clinical Considerations

### Base Hospital Physician Consultation:

When a patch is made to the BHP, the paramedic will provide the following: patient's COVID-19 screening result, travel history, history of illness and symptoms, past medical history, vital signs, and additional assessment findings including respiratory assessment, in addition to patient and/or SDM's wishes, and follow-up plans (if known).

### Immunocompromised definition:

Patient or caregiver states immunocompromised, cancer treatment within past 6 weeks, HIV/AIDS, organ transplant patient on immunosuppressive medication, etc.

**Comorbidity definition:**

Hypertension, cardiovascular disease, cerebrovascular disease, diabetes, chronic lung disease, chronic kidney disease, immunocompromised, etc.

**Mild Respiratory Distress definition:**

Dyspnea, shortness of breath on exertion, no obvious increased work of breathing, able to speak in sentences, and RR < 22 breaths/min AND SpO<sub>2</sub> ≥ 94%.