

# COVID-19 Ward Round Checklist

SAFE COVID CARE

<b>S</b>	<b>Senior review daily</b>	
<b>A</b>	<b>Are we safe</b>	
	<ul style="list-style-type: none"> <li>level of PPE for ward patient review (if O<sub>2</sub> flows high / CPAP level 3 PPE)</li> <li>patient isolated / COVID ward or designated area</li> </ul>	
<b>F</b>	<b>Frailty Score</b>	
	<ul style="list-style-type: none"> <li>Clinical Frailty Score documented or individual frailty and comorbid burden assessed and documented</li> </ul>	
<b>E</b>	<b>Escalation and Ceilings</b> considered and documented including resuscitation status (senior decision maker)	
	<ul style="list-style-type: none"> <li>ICU discussions early via most senior team member available</li> </ul>	

<b>C</b>	<b>Communication</b>	
	<ul style="list-style-type: none"> <li>Discuss with patient treatment options risk and benefits, family up to date</li> </ul>	
<b>O</b>	<b>Observation Chart/Oxygen</b> requirement reviewed and acted upon	
	<b>02 Increasing</b> CONSIDER PRONE/LATERAL/CPAP/ICU review	
	<ul style="list-style-type: none"> <li>Document frequency of observations and trigger scores</li> <li>Fluid balance reviewed – aiming for neutral fluid balance</li> </ul>	
<b>V</b>	<b>VTE Prophylaxis</b> prescribed: mechanical / pharmacological, add aspirin	
	<ul style="list-style-type: none"> <li>Risk assessment documented if deteriorating consider anticoagulation</li> </ul>	
<b>I</b>	<b>Investigations review</b>	
	<ul style="list-style-type: none"> <li>Imaging CXR? signs of ARDS? indication for repeat / further imaging</li> <li>Bloods FBC, U&amp;E, LFT, clotting, inflammatory markers as indicated, HbA1C</li> <li>Microbiology: COVID/flu swabs, sputum m/c/s, blood cultures, urine Pneumococcal and Legionella</li> </ul>	
<b>D</b>	<b>Drug chart review</b>	
	<ul style="list-style-type: none"> <li>O<sub>2</sub> prescribed – target SpO<sub>2</sub> documented (O<sub>2</sub> flows on ward up to 15L via FM + N/C if needed - reduce aerosolising)</li> <li>Analgesia, regular medications, antibiotics, Remdesivir, Dexamethasone</li> <li>Fluid: aggressive fluid therapy not recommended</li> </ul>	

<b>C</b>	<b>Cannula review</b>	
	<ul style="list-style-type: none"> <li>VIP score documented</li> <li>Rationalise lines</li> </ul>	
<b>A</b>	<b>Antimicrobial review</b>	
	<ul style="list-style-type: none"> <li>Broad spectrum as per trust CAP guidance and document duration</li> <li>Review daily with micro results and discussion</li> </ul>	
<b>R</b>	<b>Results to chase</b>	
	<ul style="list-style-type: none"> <li>Chase anything outstanding, any further Ix needed? ABG? repeat CXR</li> </ul>	
<b>E</b>	<b>Everything else</b>	
	<ul style="list-style-type: none"> <li>Nutrition: encourage to eat and drink? Dietician input indicated</li> <li>Bowels</li> <li>Pregnancy test: if positive notify Obstetric team</li> </ul>	
	<ul style="list-style-type: none"> <li>Recruit to RECOVERY and catalyst trial if fit criteria</li> </ul>	

## Clinical Frailty Scale

### 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.

© 2007-2009, Version 1.2. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada. Permission granted to copy for research and educational purposes only.