

COVID-19 Impact: Navigating the Potholes

This meeting will be recorded and will be available at www.fmda.org/journalclub.php

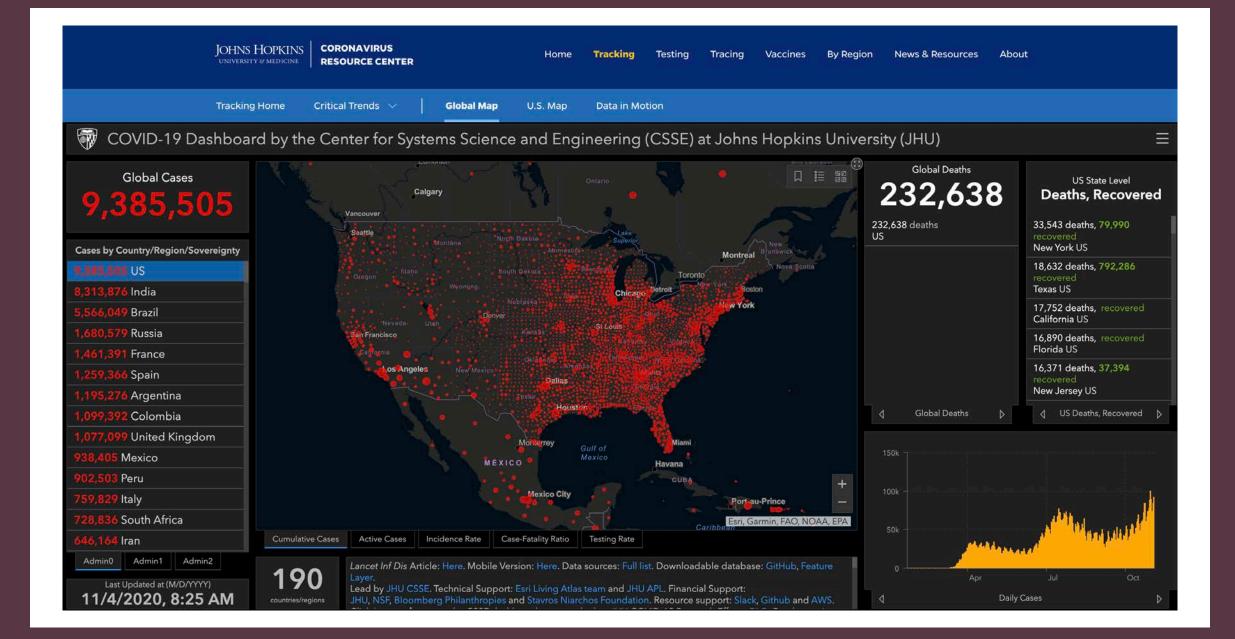


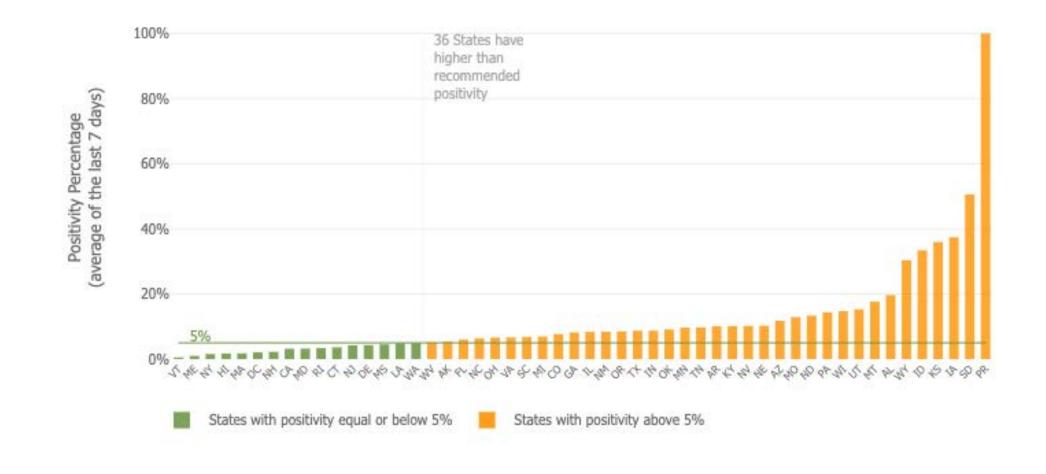
FMDA Journal Club

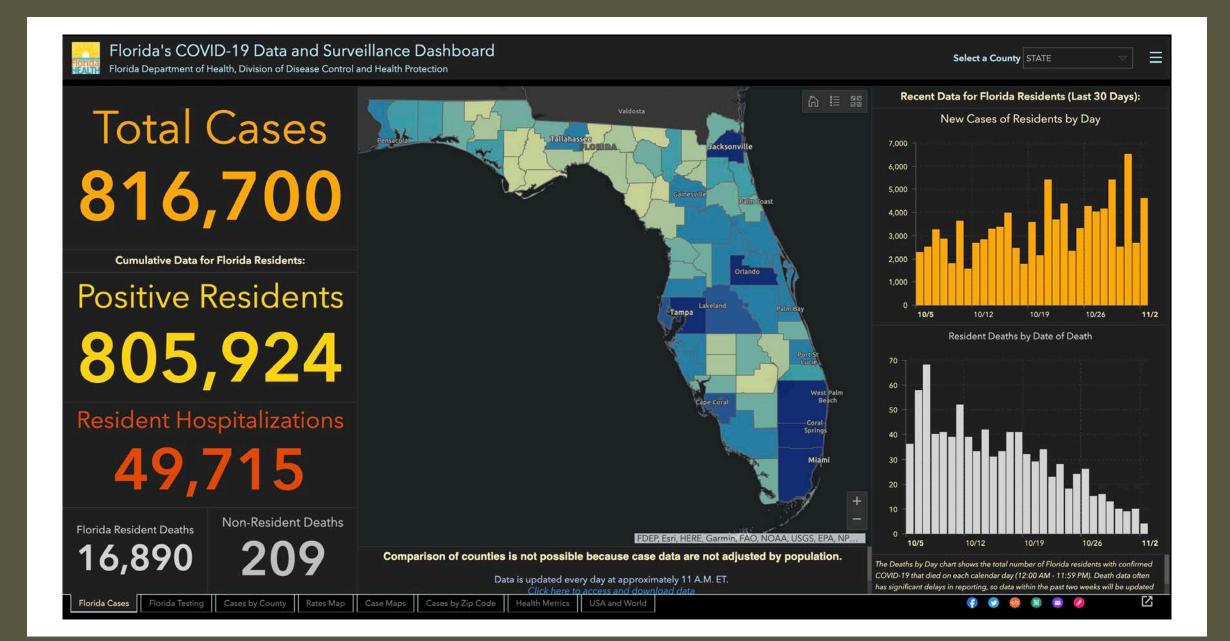
November 4, 2020 Alfonso Gonzalez-Rodriguez, MD – Special Guest Diane Sanders-Cepeda, DO, CMD – Host

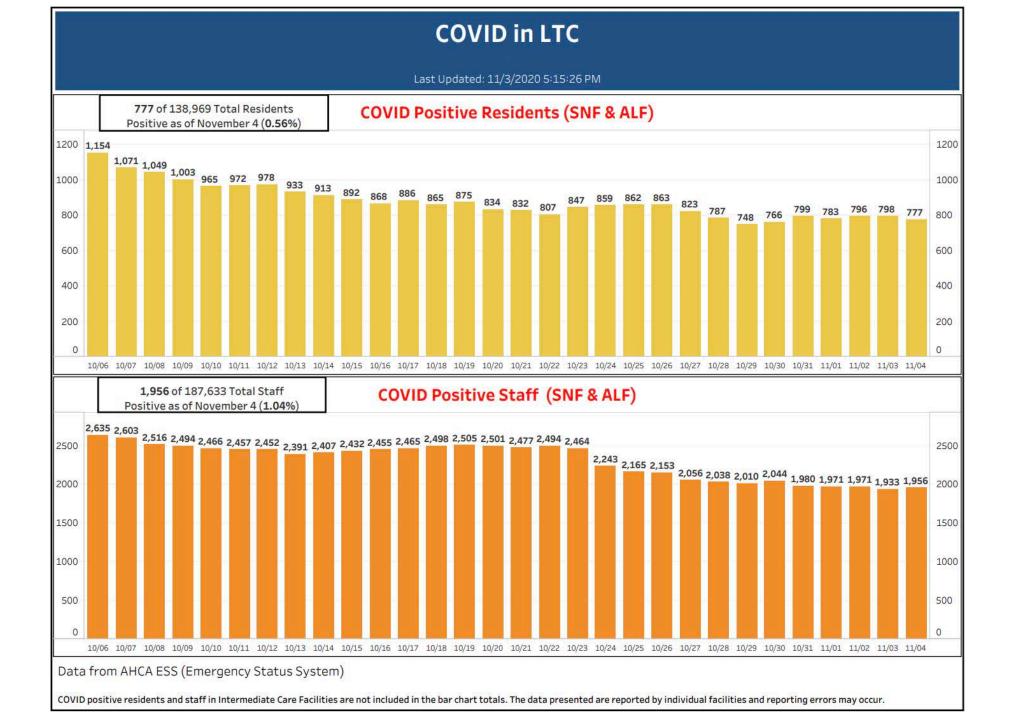
Agenda

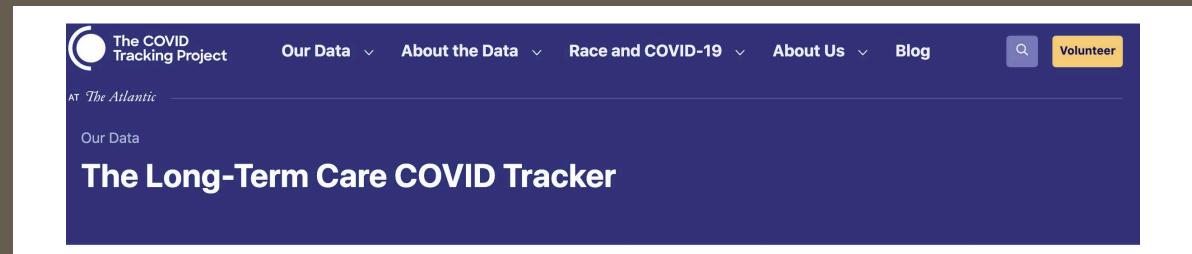
- COVID 19 State of The State
- Clinical Highlights
- Navigating the Potholes
- Open Discussion





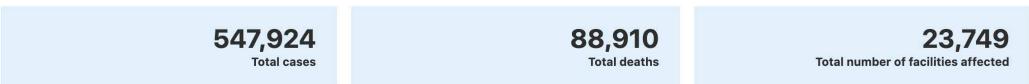




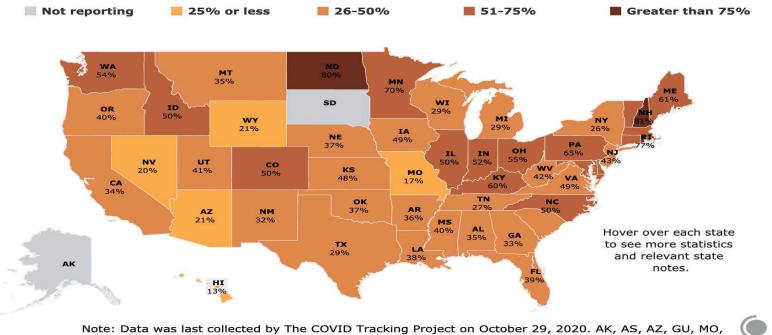


<u>Less than 1%</u> of America's population lives in long-term care facilities, but as of October 29, 2020, this tiny fraction of the country accounts for 40% of US COVID-19 deaths.

Cumulative



Percent of COVID-19 deaths occurring in long-term care (LTC) facilities



MP, PR and SD do not report long-term care death data. AK and HI are not shown to scale.

Clinical Highlights

The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., Editor

Mild or Moderate Covid-19

Rajesh T. Gandhi, M.D., John B. Lynch, M.D., M.P.H., and Carlos del Rio, M.D.

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors' clinical recommendations.

	Asymptomatic or Presymptomatic	Mild Illness	Moderate Illness	Severe Illness	Critical Illness			
Features	Positive SARS-CoV-2 test; no symptoms	Mild symptoms (e.g., fever, cough, or change in taste or smell); no dyspnea	Clinical or radiographic evidence of lower respiratory tract disease; oxygen saturation ≥94%	Oxygen saturation <94%; respiratory rate ≥30 breaths/min; lung infiltrates >50%	Respiratory failure, shock, and multiorgan dysfunction or failure			
Testing	Screening testing; if patient has known exposure, diagnostic testing	Diagnostic testing	Diagnostic testing	Diagnostic testing	Diagnostic testing			
Isolation	Yes	Yes	Yes	Yes	Yes			
Proposed Disease		Vira	replication					
Pathogenesis	Inflammation							
Potential Treatment		Antiviral ther						
		Antib	ody therapy	Antiinflammatory therapy				
Management Considerations			Clinical monitoring; if patient is hospitalized and at high risk for deterioration, possibly remdesivir	Hospitalization, oxygen therapy, and specific therapy (remdesivir, dexamethasone)	Critical care and specific therapy (dexamethasone, possibly remdesivir)			

Stage of Infection*	RNA Detectable in Respiratory Samples, Blood, and Feces	Viable Virus Detectable in Respiratory Samples	Transmission Can Occur	Mechanism of Transmission T					Minimum Recommended Level of Precautions	
				Droplet	Natural Aerosol	Aerosol- Generating Procedure	Direct Contact	Indirect Contact	Enteric Route	
Presymptomatic or asymptomatic <u></u> ‡	Yes	Yes	Yes∫	Yes	Strongly suspected	Strongly suspected	Suspected	Suspected	Unknown	Protection from droplet and contact transmission during routine care Protection from airborne and contact transmis- sion during aerosol- generating procedure
Symptomatic	Yes	Yes	Yes	Yes	Yes	Yes	Strongly suspected	Suspected	Unknown	Protection from droplet and contact transmission during routine care Protection from airborne and contact transmis- sion during aerosol- generating procedure
Post–acute symptomatic	Yes, often prolonged	No	No	No	No	No	No	No	No	Accordance with updated standard precautions, including use of eye protection (goggles or face shield) and medi- cal mask



Alfonso Gonzalez-Rodriguez, MD Navigating the Potholes



Points of Discussion

- Adhering to State & Local Guidance
- NH Visitations
- Leave of Absences/Holiday Passes
- Revisiting PPE concerns & shortages
- Managing Clinician's Workflow

Open Discussion



The Florida Society For Post-Acute And Long-Term Care Medicine 400 Executive Center Drive, Suite 208 West Palm Beach, FL 33401 www.fmda.org; www.bestcarepractices.org





PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

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