

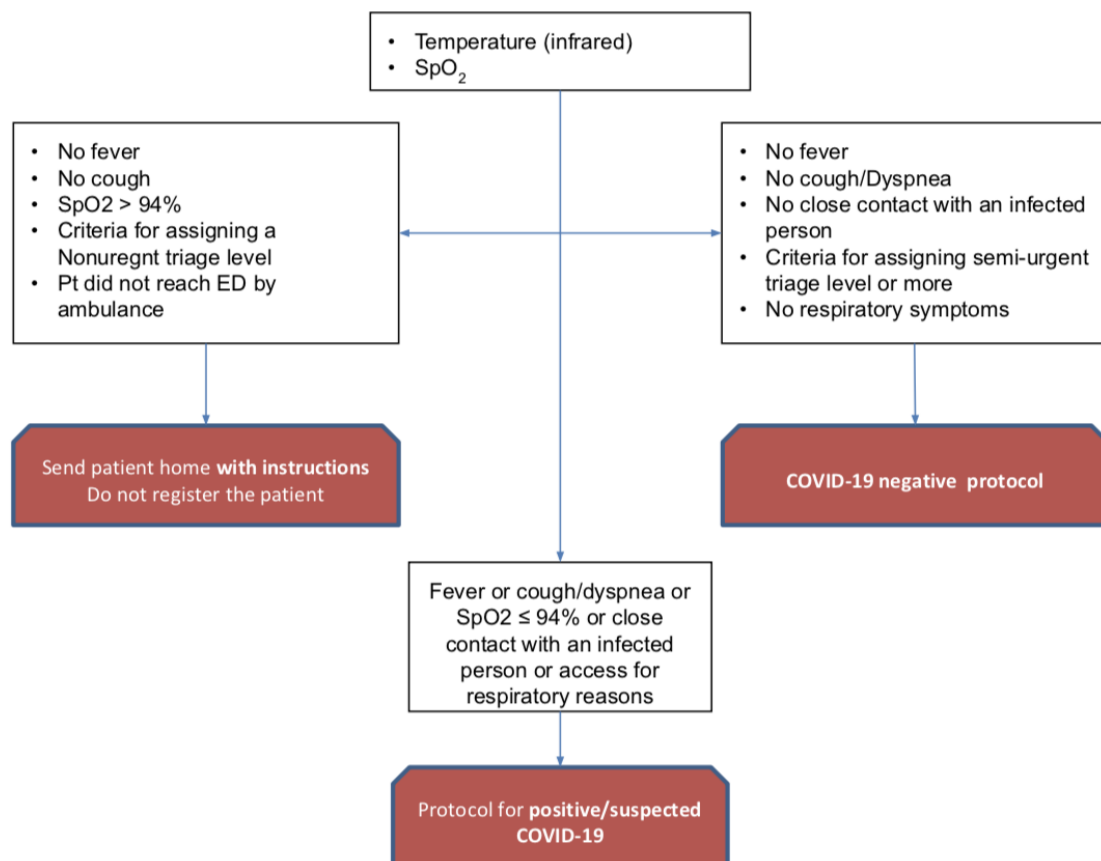
Pre-triage

(triage nurse with PPE)

To be performed preferably outside the ED

Aims

1. Invite non-urgent patients to return home
2. Separate COVID-19 negative from positive/suspected COVID-19 patients
3. Provide ALL patients with respiratory signs or symptoms and/or signs or symptoms of infection with a mask and gloves AFTER hand sanitization

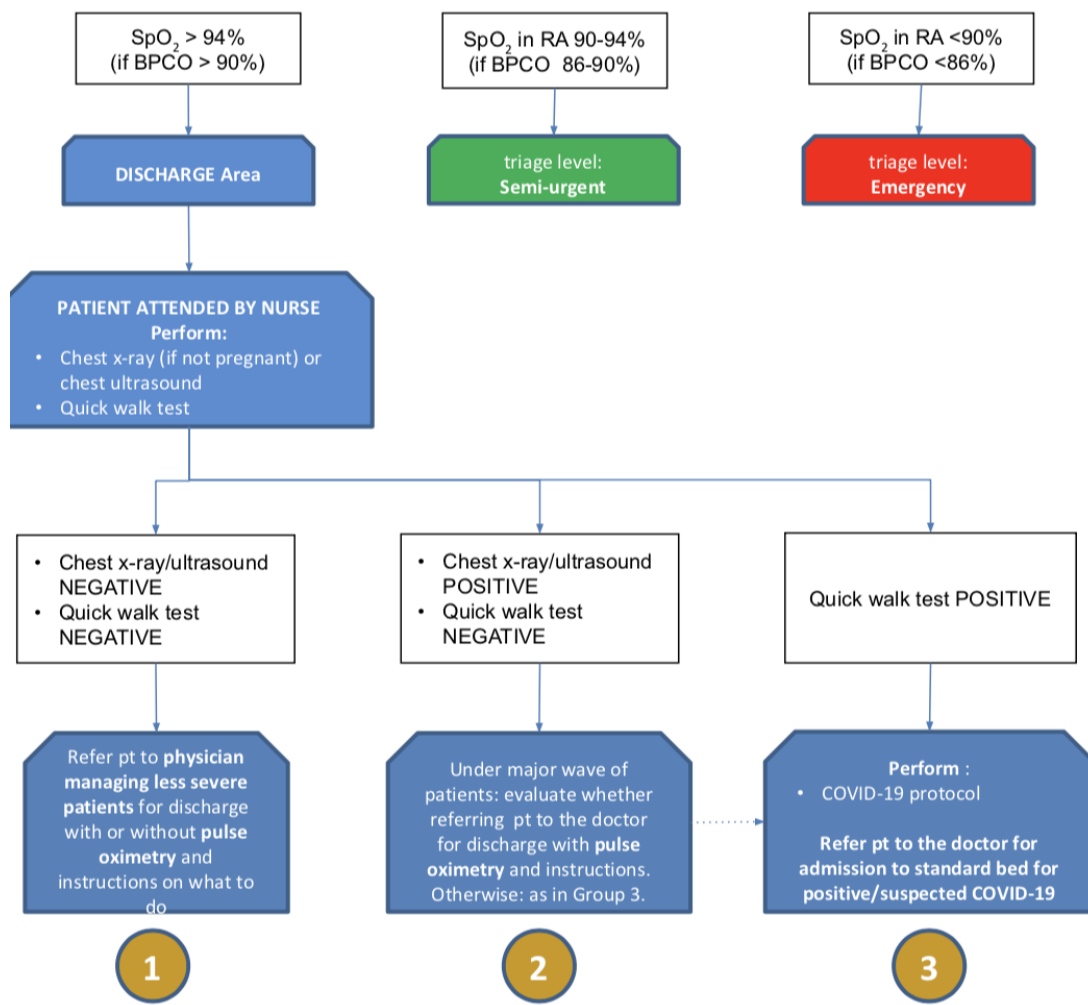


Triage for positive/suspected COVID-19 (nurse with complete PPE) Preferably outside the ED

FLOW-CHART FOR ILLUSTRATIVE PURPOSES ONLY

Aims

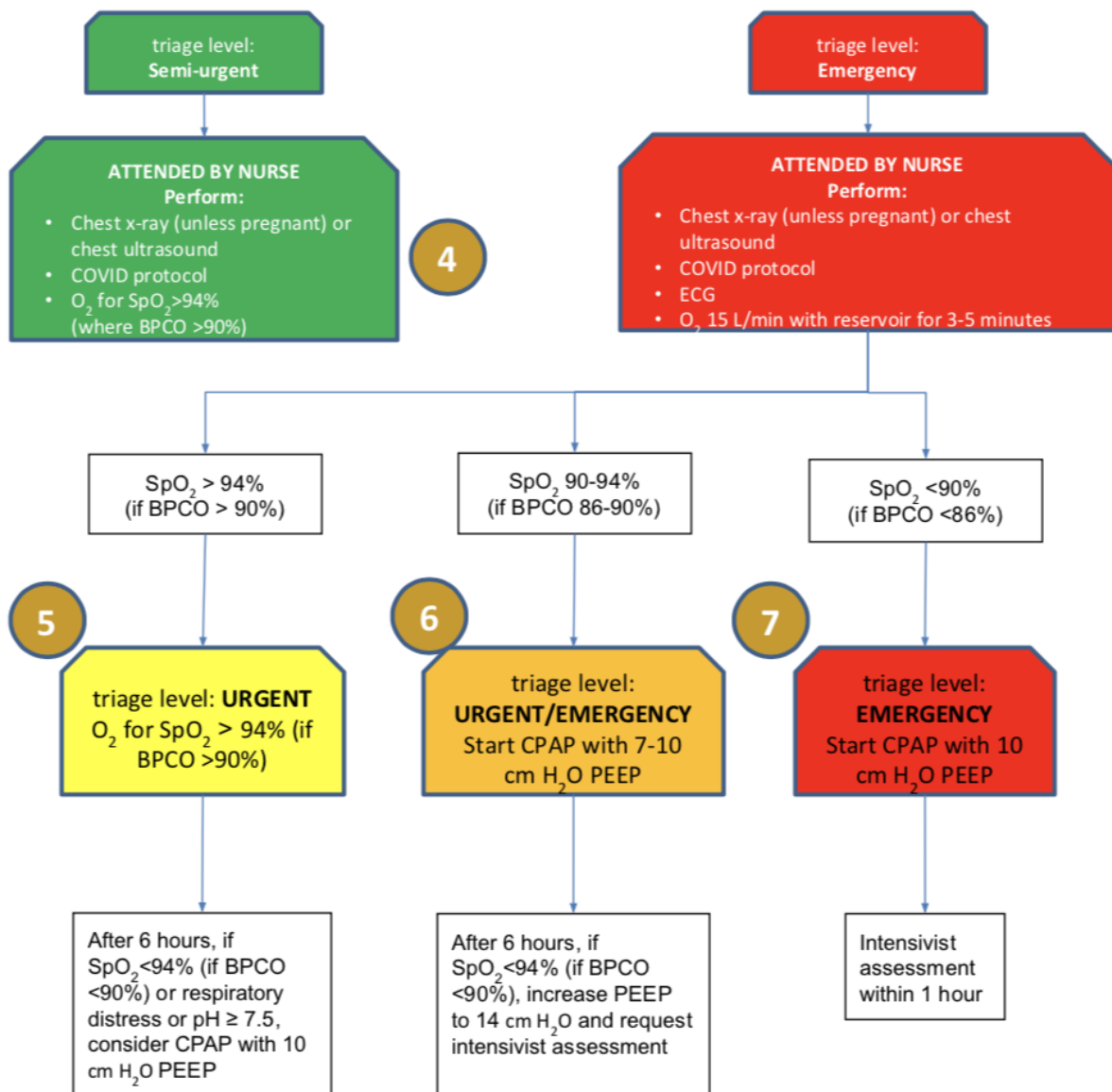
1. Identify patients with suspected COVID-19 for whom hospital admission is not indicated
2. Start appropriate treatment for patients with respiratory failure, according to the severity of illness



Protocol for positive/suspected cases of COVID-19 with respiratory failure

(ED nurse with complete PPE)

FLOW-CHART FOR ILLUSTRATIVE PURPOSES ONLY



Notes

- **Physician for less urgent patients:** in the case of a massive wave of patients, consider using NON Emergency Department doctors to manage less urgent cases to enable Emergency staff to concentrate on more severe patients.
- **COVID protocol:** AST, ALT, creatinine, azotemia, CBC, potassium, Na, Cl, blood sugar, PT, PTT, PCR, LDH, COVID-19 swab test, Pneumococcal and Legionella urinary antigen test, ABG **in room air** (whenever possible, enable nurses to request the panel of tests)
- **Quick Walk Test:** Having the basal SpO₂ value in room air, ask the patient walk as fast as he/she can, for 20-30 metres in a straight line, and re-evaluate SpO₂. The test is positive in the case of desaturation of at least 5 percent.

