

Clinical Brief #3 | COVID-19

Friday, March 27, 2020

INFORMATION FOR ALL CLINICIANS

In an effort to keep you current regarding AdventHealth's response to COVID-19, we are providing frequent clinical updates to all clinicians. The following topics are included in this brief.

- March 25, 2020 Physician Townhall
- Personal Protective Equipment (PPE) Policy Addendum
- PPE Distribution Guidance
- Atypical Presentation of COVID-19
- Temporary Discontinuation of MRSA and VRE Isolation
- COVID-19 Testing Tier
- COVID Treatment Updates

5:00 pm March 26 COVID-19 Situation Report

COVID-19	CFD	WFD	MSD
Confirmed Total	135	12	18
Discharged to Home	98	10	11
Currently Inpatient	36	1	7
Negative Tests	1,607	225	169
Pending	3,275	390	134

*Based on currently available lab test info

[March 25, 2020 Physician Town Hall - Link](#)

PPE Policy Addendum

The AdventHealth PPE Standard Operating Procedure has been amended. All team members in clinical venues will be provided a face mask. Team members and medical staff will be expected to practice conserving PPE and reuse masks and other PPE supplies, as applicable.

PPE Distribution Guidance

Facilities will designate centralized check-out/check-in location(s) for the distribution of gowns, goggles, face shields, face masks and N95 respirators and track the issuing and returning of these items.

1. Issue or reissue a single face mask, an N95 [when applicable](#) and any additional PPE, when needed, to each team member.
2. Include date and time the PPE is issued/distributed to each team member.
3. Log team member's name and OPID.
4. Track the date and time the face mask, N95 respirator and other PPE is returned and appropriately store until reuse.

5. Each team member is responsible for evaluating N95 respirator and face mask for breathability and visible signs of damage or soiling.

Reference: [Personal Protective Equipment Guidance for Novel Respiratory Virus, COVID-19](#)

An operational distribution plan should be in place 12:00 pm, Friday, March 27.

Atypical Presentation of COVID-19

Most patients present with:

Typical symptoms

- Fever or history of fever (91%)
- Cough, usually non-productive (80%)
- Trouble breathing (some)
- Malaise/body aches (many)

Atypical symptoms

- GI symptoms (48.5%)
- Loss of smell (anosmia), loss of taste (ageusia)

Patients presenting with atypical symptoms are unlikely to be highly infectious and transmit the virus. Atypical symptoms will not be added to the screening list. Patients with atypical symptoms should be tested per current guidelines.

Temporary Discontinuation of MRSA and VRE Isolation

Because of the pandemic, many facilities at the national level and within AdventHealth have discontinued contact transmission-based precautions (gown and gloves) for patients colonized or infected with MRSA or VRE. Various cluster-randomized trials demonstrate little benefit of contact isolation over usual prevention care of MRSA or VRE.

- In order to conserve PPE, discontinue contact isolation for both colonization and infection of MRSA or VRE patients.

COVID-19 Testing Tier

Triage of testing priority:

- 1) Inpatients with symptoms
- 2) Health care providers
- 3) [Higher risk for severe illness, symptomatic patients](#)
- 4) Inpatients requiring negative test for Skilled Nursing Facility (SNF) transfer
- 5) Symptomatic ambulatory patients based on test availability

A facility-level control process needs to be operationalized. A decision tree/algorithm will be provided in an upcoming brief.

COVID-19 Treatment Updates

Chloroquine/Hydroxychloroquine

Two uncontrolled studies in China and France concluded chloroquine/hydroxychloroquine had “dramatic effects in reducing viral replication.” In a randomized pilot trial (placebo versus hydroxychloroquine) Chinese literature cited no difference in outcomes. There is no other published drug data. Chloroquine was not tolerated due to GI side effects and should not be used. Hydroxychloroquine may be beneficial, but more study may be needed. (See page 4 of this link.)

Hydroxychloroquine and Azithromycin

In a 36-patient study (20 received medication, 16 were controlled), viral clearance by NP at six days increased to 70 percent versus 12.5 percent in the control. ($p < 0.001$). Of those, six patients had concomitant azithromycin with a 100 percent viral clearance. Major limits to the study due to very small numbers; six patients were excluded due to ICU or death. Combination therapy is not recommended unless bacterial overgrowth is documented. If used, it must be accompanied by telemetry monitoring due to possible side effects. You can read the opinion of the AdventHealth Scientific Committee [here](#).

[March 26 Clinical Brief](#)

[March 25 Clinical Brief](#)

We encourage you to take care of yourself, your families and each other as we move through this ongoing response to COVID-19.

GREATER AS A WHOLE | RESOURCES

Online

[Novel Coronavirus Information Site](#) | [Providers](#) | [FAQs](#)

[AdventHealth Coronavirus Website](#) | [Videos](#) | [Blog](#)

[Centers for Disease Control \(CDC\)](#)

Department of Health: [Florida](#), [Georgia](#), [North Carolina](#), [Kansas](#), [Kentucky](#), [Texas](#), [Wisconsin](#)

Worldwide Coronavirus Data: [Johns Hopkins' global cases webpage](#)

By Email:

CoronaVirusQuestions@AdventHealth.com

By Phone:

COVID-19 Hotline: 1-844-847-8747