

# Emerging Infectious Disease (suspected CoVID-19)

## History

- Flu-like illness


## Signs and Symptoms

- Fever greater than 100.4°F
- Rhinorrhea/nasal congestion
- Productive cough
- Chills
- Weakness and/or flu-like symptoms
- Body aches

## Differential

- Cancer / tumors / lymphomas
- Medication or drug reaction
- Hyperthyroidism
- Heat-related emergency
- Meningitis
- Bacterial infection

Communications Center indicates positive CoVID-19  
Or  
High suspicion of CoVID-19

No → Exit to the appropriate protocol 

Yes

**PPE must protect from droplet/fluid contamination**

Universal precautions with proper PPE required.

- N95 mask, impermeable gown, gloves, eye protection.
- Limit patient contact to one provider only if at all possible.
- All providers should attempt to maintain a distance of 6 feet or more from the patient when feasible and does not interfere with indicated patient care.

See PEARLs for MDI mask assembly and IM epinephrine dosing.

Is patient a candidate for self-quarantine at home per the Emerging Infectious Disease: COVID-19 Non-Transport protocol?

Yes → Exit to the appropriate protocol 


No

SpO<sub>2</sub> of 94% or greater (room air, cannula, or NRB)?

Yes → Exit to the appropriate protocol 

No

SpO<sub>2</sub> less than 88% with oxygen? Wheezing or limited air movement from bronchospasm?

No → Exit to the Basic Airway protocol 

Yes

B	Supplemental oxygen (nasal cannula at minimum)
A	IV/IO Procedure, if applicable
	ECG and 12 lead ( <i>lower skill may apply leads</i> )
	Assemble MDI mask. See PEARLs.
	Administer eight (8) "puffs" of MDI albuterol (200 mcg each) for total of 1.6 mg. May repeat once in 5 minutes.
B	Highly-suggested: Administer 0.3 mg epinephrine (1:1000) in thigh. Reduce to 0.15 mg if patient is over 50 years old, heart rate is greater than 130 bpm, or history of coronary artery disease.

If respiratory status continues to decline and the airway must be secured, **do not intubate**. Focus on BLS airway management to reduce risk of personal contamination from respiratory droplets. BIAD is an option, but indicated only for rare cases where BVM ventilation is inadequate.

 Notify Destination or Contact Medical Control 

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## Epinephrine 1:1000 (1 mg per 1 mL concentration)

**0.15 mg = 0.15 mL**

This is the maximum single dose for:

- Pediatrics over 15 kg (33 lbs), or
- Adults with a history of cardiac disease, or
- Adults over 50 years old, or
- Adults with a heart rate exceeding 130 bpm



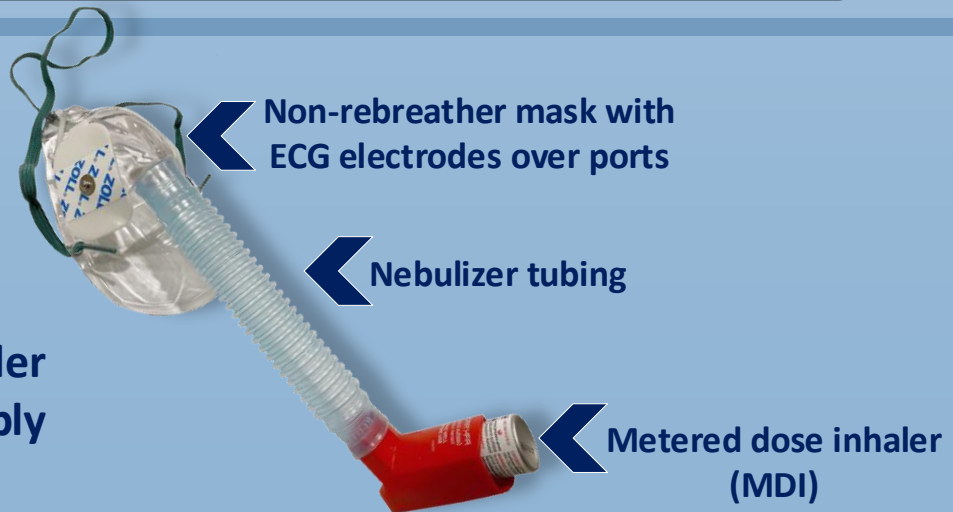
**0.3 mg = 0.3 mL**

This is the maximum single dose for:

- Adults with no known history of cardiac disease, and
- Adults 50 years old and younger, and
- Heart rate under 130 bpm



## Metered Dose Inhaler (MDI) Mask Assembly



### PEARLS:

- **Recommended Exam:** Mental status, skin, HEENT, heart, lungs, and neurological.
- Common signs and symptoms of COVID-19: Fever; cough, sore throat/body aches, fatigue, shortness of breath/difficulty in "catching my breath". Rhinorrhea (runny/stuffy nose) is uncommon for COVID-19, but may be present or usually found with other viral or bacterial upper respiratory infections.
- There are no obvious indications that this patient is experiencing an exacerbation of a chronic illness, such as COPD, CHF, asthma, etc.
- **MDI Mask Inhaler.** The MDI Mask Inhaler will be used instead of nebulized medication to help prevent the transmission of the virus by aerosolization. IM epinephrine is indicated for its beta<sub>2</sub> agonist effects.
- COVID-19 is considered as a droplet-precaution viral disease. However, droplets may be aerosolized by coughing, sneezing, or nebulized medication use (home nebulizer) and remain in the air for several hours. Use an N95 mask on yourself when making patient contact. If the patient is transported, apply a surgical mask to the patient to protect others. Do NOT use an N95 mask on these patients.
- "Signal 100" is the dedicated phrase for suspected COVID-19 or other respiratory-based emerging infectious diseases as indicated by the Medical Director. It is not intended for influenza infection.