COVID – 19

NHS Tayside
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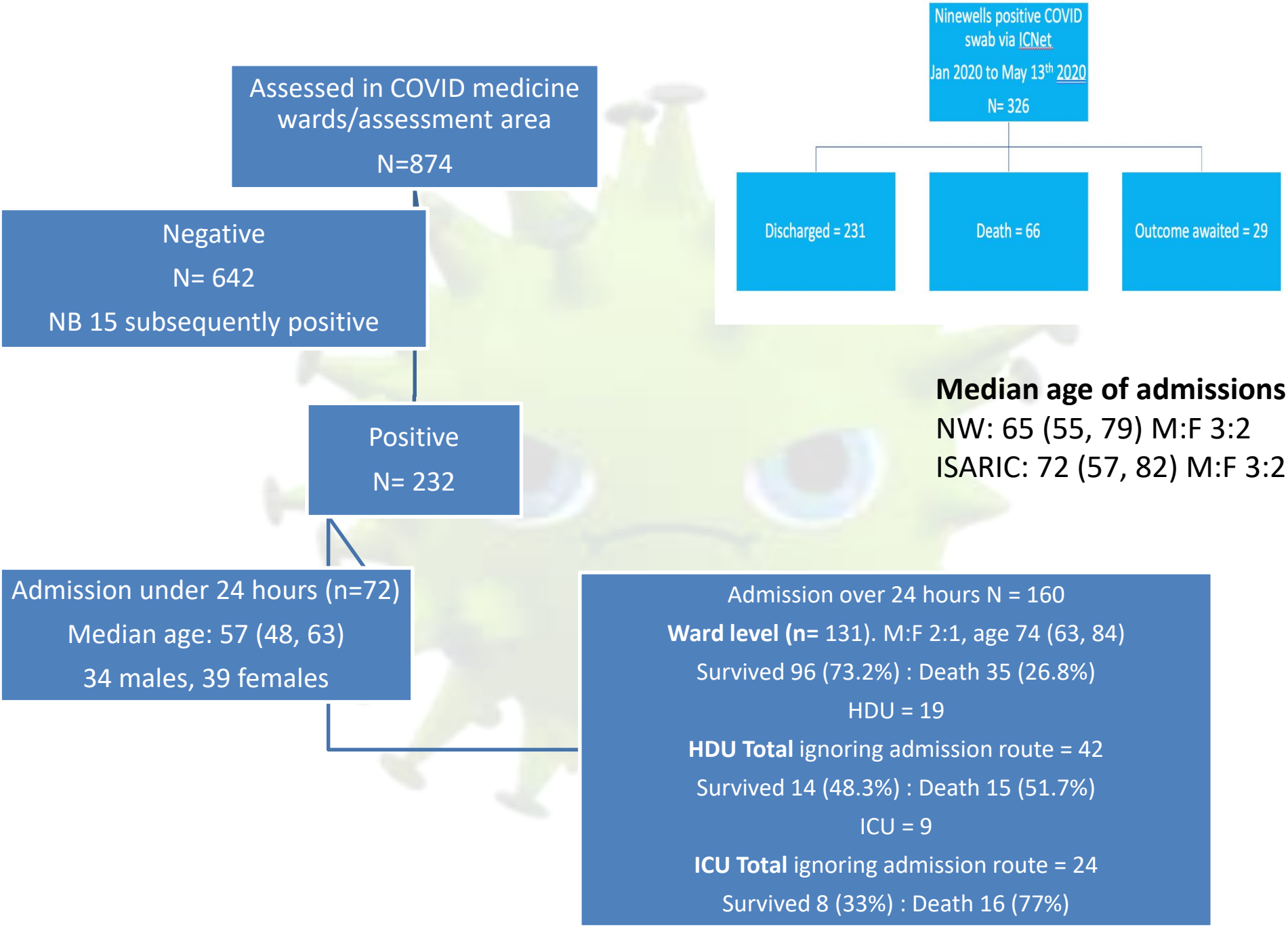
Objectives

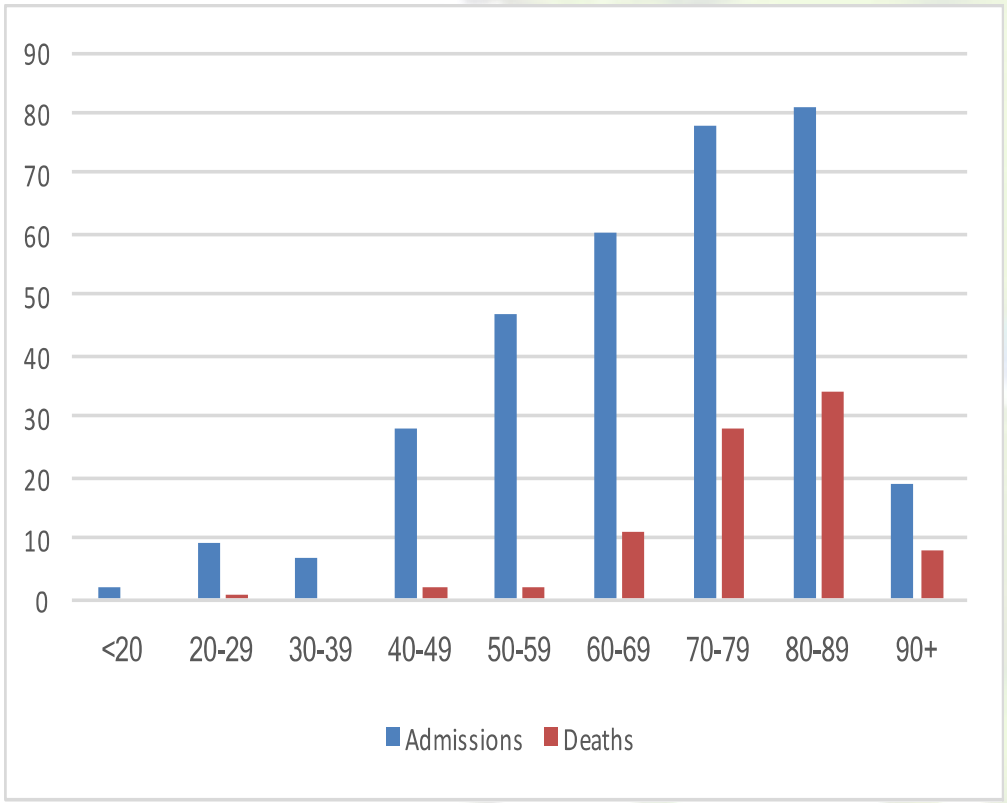
- Overview of Tayside stats
- Audit COVID and non COVID
- AMT

Overview

- 331 patients with SARS-CoV-2 came through Ninewells from 13th March to 1st May.
- 85 of these patients have died (at least)
- 247 positives presented through medical COVID assessment
  - 15 of these were negative on admission
  - 53 who presented through COVID assessment have died
- 82 positives came through alternative pathways
  - 32 who presented through alternative pathways have died


Assessed in COVID medicine wards/assessment area
N=874
Negative
N= 642
NB 15 subsequently positive
Positive
N= 232
Admission under 24 hours (n=72)
Median age: 57 (48, 63)
34 males, 39 females
Admission over 24 hours N = 160
Ward level (n= 131). M:F 2:1, age 74 (63, 84)
Survived 96 (73.2%) : Death 35 (26.8%)
HDU = 19
HDU Total ignoring admission route = 42
Survived 14 (48.3%) : Death 15 (51.7%)
ICU = 9
ICU Total ignoring admission route = 24
Survived 8 (33%) : Death 16 (77%)
Ninewells positive COVID swab via ICNet
Jan 2020 to May 13th 2020
N= 326
Discharged = 231
Death = 66
Outcome awaited = 29
Median age of admissions:
NW: 65 (55, 79) M:F 3:2
ISARIC: 72 (57, 82) M:F 3:2

Overall COVID pathway



Total admissions
Age: 71 (58, 82)
Gender: 199 male, 132 female

Deaths
Age: 79 (71, 86)
Gender: 57 male, 28 female

COVID WARD ANTIMICROBIAL AUDIT

- **Included**
  - **All patients on Covid wards - 42, 18,19,11,12,CHDU (CITU not included) on 14/04/2020**
- **Data collected**
  - **Antimicrobial Prevalence**
  - **Compliance with NHST Antimicrobial Guidance**
  - **For IV therapy – review documented every 24 hours**
  - **For PO therapy – duration documented and as per guidance**
  - **Review of use of CRP/PCT**

OVERALL RESULTS SUMMARY

- PREVALENCE
  - Patients audited = 50
  - Patients on antimicrobials = 15
  - Overall antimicrobial prevalence = 30%

  Prevalence rate similar to audits pre Covid
- COMPLIANCE WITH POLICY
  - 100%

  ☑ Well done, great result!

OVERALL RESULTS SUMMARY

- IV ANTIMICROBIAL REVIEWS
  - 10/15 patients on IV antibiotics (some combined with PO)
  - 50% on IV had a documented review within the last 24 hours
  - 2 patients had been on IV >72 hours
    - 1 patient was suitable for IVOST

Good Practice Points:

☑Please review all IV antimicrobials daily and document decision to continue/IVOST/stop

☑ No minimum time for IV duration – always good to consider IVOST

OVERALL RESULTS SUMMARY

- ORAL DURATION DOCUMENTED
  - 11/15 patients were on oral antimicrobials
  - 64% documented duration - 100% in line with guidance

Good Practice Points:

☑Always document duration on TPAR and score off boxes not required

☑Doxycycline

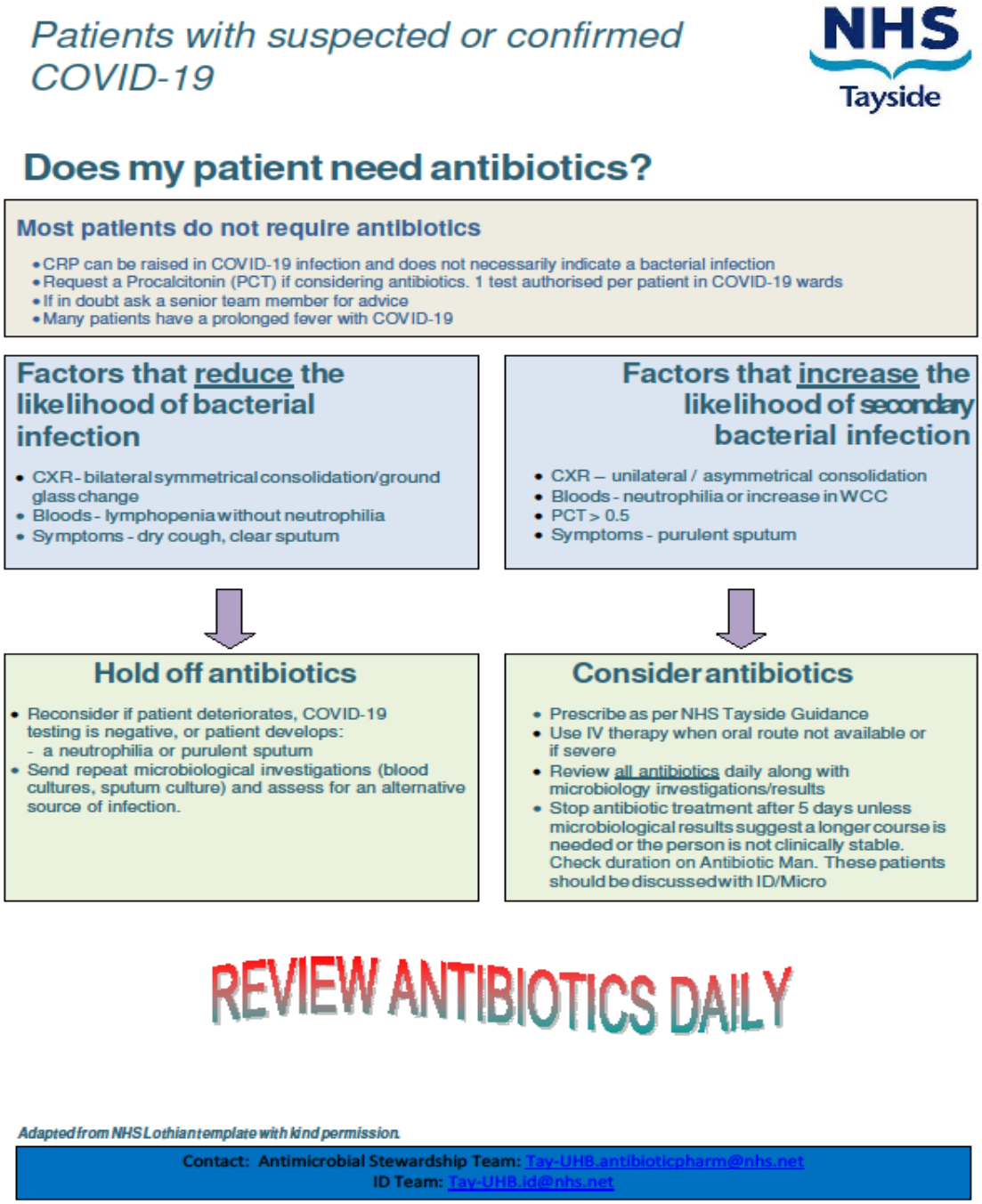
- For non severe CAP/Exac COPD
  - 200mg stat then 100mg **OD** for 5 days
- For severe CAP
  - 100mg bd – **NO** need for 200mg stat dose
- levels reduced significantly if given at the same time as multivalent ions e.g. Fe/Ca/Mg/antacids
  - Consider witholding/stopping while on doxycycline
  - If not possible then separate administration by at least 2 hours
  - Reducing the frequency of the supplement/antacid may be possible

OVERALL RESULTS SUMMARY

- CRP
  - 92% of all patients on COVID wards had CRP checked
- PCT
  - 1 patient (2%) had a PCT recorded
    - <0.5
    - antimicrobials not prescribed

Good Practice Points:
CRP tends to be moderately → significantly elevated in COVID-19 disease even in absence of secondary bacterial infection

- ☑ Look for other evidence of bacterial infection (unilateral CXR changes, neutrophilia) - don't be guided by CRP alone
- ☑ Consider measuring procalcitonin if there is clinical uncertainty. See NHST poster!



COVID-19 Poster

- Adapted from Lothian template
- Highlights where antibiotics can/should be used

Non COVID wards - Audit

- Audit carried out in all non COVID wards in NW and PRI:

- Prevalence 23.9 % PRI 35% in NW
- Compliance overall 77% NW 95% in PRI

- Diff in compliance show the role of AMT/ID
- Within NW different specialties and staff were mixed together to create the non - COVID wards so could account for the reduced compliance
- Can this be maintained through winter months? Staff pulled to COVID areas

AMT

- Clinical role – ID ward → COVID assessment

  Out patient clinic area (HIV/ID)→COVID triage
- Moved to diff working patterns (evenings/weekends)- mirrored medical staff
- Stewardship work postponed – clinical role priority (same as other boards)
- AMG/ADTC – virtual
- E & T – no students in wards, maintained virtual session with medical students through blackboard

WHAT NEXT?