COVID-19 rapid guideline: critical care

March 2020

Overview

The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

This guideline is for:

- · health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners

The recommendations bring together

- · existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients for the specific health conditions covered by the guidance during the current COVID-19 pandemic.

NICE has developed these recommendations in direct response to the rapidly evolving situation and so could not follow the standard process for guidance development. The guideline has been developed using the <u>interim process and methods for developing rapid guidelines on COVID-19</u>. The recommendations are based on evidence and expert opinion and have been verified as far as possible. We will review and update the recommendations as the knowledge base and expert experience develops.



1 Admission to hospital

- 1.1 On admission to hospital, assess all adults for frailty, irrespective of age and COVID-19 status. Consider comorbidities and underlying health conditions.
 - Use the <u>Clinical Frailty Scale</u> (CFS) for frailty assessment, available from the NHS Specialised Clinical Frailty Network.
 - Record the frailty assessment in the patient's medical record.
- 1.2 When patients with possible COVID-19 have been identified, follow appropriate UK government guidance on infection prevention and control measures. This includes recommendations on:
 - patient transfers and transport
 - · segregation and cohorting
 - personal protective equipment
 - aerosol-generating procedures.
- 1.3 If COVID-19 is diagnosed in someone not isolated from admission or presentation, follow <u>UK government guidance on actions required when a case was not diagnosed on admission</u>.

2 Admission to critical care

See the critical care admission algorithm.

2.1 Discuss the risks, benefits and possible likely outcomes of the different treatment options with patients, families and carers using decision support