

COVID-19 DECISION TOOL

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AGE	POINTS
<50	0
50-60	1
61-65	2
66-70	3
71-75	4
76-80	5
>80	6

2 Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia
The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.

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CO-MORBIDITY	POINTS
In last 3 years, cardiac arrest from any cause	2
Chronic condition causing: >3 hospital admissions in the last year >4 weeks continuous admission for current inpatients	2
Congestive heart failure with symptoms at rest or on minimal exertion	1
Chronic lung disease with symptoms at rest or on minimal exertion	1
Hypertension	1
Severe and irreversible neurological condition including dementia	1
Chronic Liver Disease with Child-Pugh score >7	1
End stage chronic renal failure requiring renal replacement therapy	1
Diabetes mellitus requiring medication	1
Uncontrolled or active malignancy	1

TOTAL = SUM OF THE 3 DOMAINS ABOVE (-1 FOR FEMALE SEX)

POINTS	TREATMENT	FAILURE OF FIRST LINE MANAGEMENT	NOTES
Group 1 ≤ 8	ICU-based care	Palliation or ECMO	Usual criteria for ECMO + <60 years
Group 2 > 8	Ward-based care	Step 3	Consider trial of CPAP
Group 3 Patients not normally for full active management or failed CPAP trial	Facemask oxygen	Palliation	Consider domiciliary care

Deviations from ARDS guideline	Investigations	Support	Treatment
Step 1 ≤ 8	Tracheo-bronchial aspirate for respiratory viruses. Avoid CT & bronch unless indicated. H score screen blood tests, D-dimers, LDH & troponin (all days). Lung US to reduce X-ray usage	CPAP trial in ICU or with rapid access to intubation (for hours not days). Avoid HFNO	CAP antimicrobials. Continue single agent prophylaxis in +ve pts. Disease modifying agents as part of RCT.
Step 2 > 8	Standard swabs	Ward-based CPAP	CAP antimicrobials. Continue single agent prophylaxis in +ve pts.
Step 3 Patients not normally for full active management or failed CPAP trial	Standard swabs	Facemask oxygen	CAP antimicrobials. Continue single agent prophylaxis in +ve pts.

