'GIVITI' #COVID19 MEETING ON ICU PATIENTS

10/3/20 SUMMARY BY: DR JONNY WILKINSON
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PATIENT CHARACTERISTICS

~70 YEARS OLD
OBESITY = COMMON COMORB
NET PREVALENCE IN MALE POPULATION
XRAY PICTURE OF BILATERAL INTERSTITIAL PNEUMONIA
(POSSIBILITY OF FINDING ASSYMMETRY IN BACTERIAL SUPERINFECTION)

PHARMACOTHERAPY USED IN N.ITALY (INFO ONLY - NOT GUIDELINES)

LOPINAVIR/RITONAVIR (KALETRA) 200/50MG X2 BD
CHLOROQUINE 500MG BD OR HYDROXYCHLOROQUINE 200MG BD
ANTIBIOTIC PROPHYLAXIS VARIES...
TAZOCIN, CEFTRIAXONE, BACTRIM, ANTIFUNGALS
ABANDONED USE OF AZITHROMYCIN...
STEROIDS (ONLY IN CASES OF FIBROTIC SIGNS) - NOT EARLY
TOCILIZUMAB IL-6 INHIBITOR -
NO ROUTINE INDICATION - RATIONALE AS AN ANTIINFLAMMATORY GIVEN LYMPHOPENIA

LABS

PCT = 0 (IN ABSENCE OF SUPERINFECTION)
PCR
LDH
HEPATIC INDEX ALTERATION - DRUGS/VIRAL CAUSES
CK - ESPECIALLY IN YOUNGER PATIENTS WITH HIGH FEVER, CHILLS ETC)
VERY SERIOUS GLYCAEMIC ALTERATION WITH DIFFICULT CONTROL + KETOACIDOSIS
HYPOALBUMINAEMIA (SEQUESTERED VIA THE LUNG?)
LYMPHOPENIA (-CD4)
NORMAL BNP

MONITORING

CXR - FOR DEFINITION OF CHEST STATE ON ADMISSION. REPEATABLE BUT MAY NOT RELATE ENTIRELY TO CLINICAL STATE
CT CHEST NOT INDICATED FOR HIGH DIFFICULTY IN TRANSPORTATION - HIGH RISK OF SPREADING VIRUS.
LUNG ULTRASOUND = HIGHLY INDICATED FOR THE DAILY EVALUATION OF LUNG PICTURE
PATTERN 1 = DIFFUSE B-LINE PROFILE = RESPONDS WELL TO PEEP
PATTERN 2 = BIBASAL 'PLAPS' SHOWS CONSOLIDATION/PARAPNEMONIC EFFUSIONS/ATELECTASIS WHERE FRONT AREAS VENTILATED AND REAR AREAS ARE ATELECTATIC = RESPONSIVE TO PRONATION
ECHOCARDIOGRAPHY - MAY SHOW DYSKINESIAS (?MYOCARDITIS)

WEANING

- INDICATORS SUGGESTIVE DE-ESCALATION POSSIBLE
- NO FEVER
- CLEAR SWABS (PCR, LDH)
- EUVOLEMIA
- PEEP <12CMH$_2$O OR PAO$_2$ / FIO$_2$ >150MMHG (20KPA)
- FIO$_2$≤50%

"DO NOT TRUST THE FIRST IMPROVEMENT",
BECAUSE PATIENTS TEND TO HAVE EARLY RELAPSES. DON'T BE FOUND UNPREPARED!

RESUSCITATION THERAPY

DEEP SEDATION
CURARISATION (WITH WINDOW DURING SUPINATION)
NEGATIVE WATER BALANCE (FOR LUNGS)
PROTECTIVE VENTILATION....
HIGH PEEP REQUIRED, EVEN >15CMH20 - CAREFUL MONITORING
USUALLY GOOD LUNG COMPLIANCE SEEN (UNLIKE ARDS FRAMEWORK) AND ONE CAN VENTILATE PTS WITH NOT HIGH DRIVING PRESSURES.

PRONATION FROM 18-24H
FUNDAMENTAL THERAPY PRINCIPLES = EXTREMELY EFFECTIVE
OFTEN UP TO 7 ROTATIONS NECESSARY
CONSIDER A DEDICATED 'PRONING' TEAM

** DO NOT TRUST THE FIRST IMPROVEMENT AND FOLLOW THE THERAPY AT LEAST UNTIL THE SIGNALS OF RESPONSE TO THE THERAPY ARE OBSERVED**

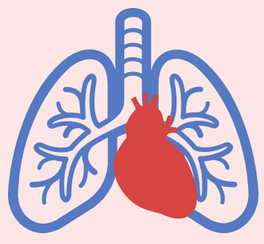
TRACHEOSTOMY WITHIN 7 DAYS DUE TO HIGH RISK OF RELAPSE - SHOULD BE CONSIDERED

CRRT - RESERVE FOR PATIENTS MOST LIKELY TO DEVELOP POSITIVE FLUID BALANCE FOR THE FOLLOWING REASONS:
1. INCREASED NURSING JOB LOAD
2. DISPOSAL OF INFECTED CELLS/FLUIDS

NITRIC OXIDE - IMPORTANT "RESULTS" ARE NOT OBSERVED, BUT IT CAN BE USEFUL TO SAVE TIME IN THE MOST CRITICAL PATIENTS (EXTREME THERAPY)

ECMO (RARELY NECESSARY - PATIENTS ARE VERY RESPONSIVE TO ADEQUATE VENTILATION THERAPY)
INDICATED IN CASES OF:

- PATIENT NOT RESPONSIVE TO THERAPY
- EXTREME HYPOXEMIA



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THEY ARE NOT CLINICAL GUIDELINES AND ARE NOT THE RESULTS OF TRIALS ETC. GENERAL EDUCATIONAL INFORMATION ONLY.