

Referral pathway for COVID-19 positive (or suspected COVID-19) Emergency Unit patients to intensive care.

This pathway is an integral component of the *All Wales COVID-19 secondary care management guideline*.

Patients with suspected COVID-19 disease may attend the Emergency Unit (EU) critically unwell with severe oxygenation failure and those patients in the Covid-19 cohort areas in EU may deteriorate requiring emergency, endotracheal intubation, ventilation and admission into intensive care. **Mobile Emergency Rapid Intubation Teams (MERIT)** are on standby to attend these patients.

Referral to MERIT follows a step wise approach.

STEP 1: Confirm patient is for escalation to intensive care.

This decision **MUST** be taken at the earliest opportunity following presentation and should be documented in the notes. The patient must be informed that in practice escalation means emergency intubation by MERIT and invasive ventilation in the ICU.

STEP 2: Confirm that patient meets MERIT activation criteria these are:

Failed trial of CPAP (This judgement must be made by a senior clinician and will typically be based on a combination of factors including increasing drowsiness or agitation, increasing work of breathing and **SpO₂ < 90%**).

OR

If CPAP is contraindicated or unavailable:

SpO₂ < 90% (or for pregnant women with gestation > 22/40 **SpO₂ < 95%**) **despite maximal supplemental oxygen** via ward based devices. These are:

Simple, oxygen face mask at 10 L/minute **OR** a non-rebreather mask, (mask with reservoir bag) **OR** humidified oxygen with an FiO₂ of 0.98 (98 %) via *Respiflo*.

OR

Senior clinical concern regarding the likely trajectory of illness in patients with an SpO₂ > 90%. (In this context senior means either the duty consultant or ST 3 and above).

STEP 3: Discussion with intensive care consultant (Page 5490).

The intensive care consultant should be contacted prior to intubation where there is a clinical equipoise regarding the requirement for intubation or appropriateness of escalation to Level 3 care. Otherwise, the EU Consultant will refer to the Intensive Care Consultant immediately after intubation, receiving confirmation of the location of the designated ICU bed, and if necessary, clarifying any radiological imaging to be undertaken en-route to the ICU.

STEP 4: Activate MERIT.

MERIT can be activated by dialling 2222. It is **IMPERATIVE** that the correct information is provided to the switchboard operator. The 2222 algorithm is provided on the reverse of this form.

The 2222 patient emergency algorithm

Before you telephone 2222 you **MUST** understand the nature of the emergency and the response that is required.

There are **two categories** of emergency response to the EU:

- 1) Request **MERIT team to EU *state exact location*** e.g. Resus

For a **COVID-19 positive patient (or suspected COVID positive)** who requires **emergency intubation**.

- 2) Request **EU Cardiac arrest to *state exact location*** e.g. Majors

For a patient in Cardiac arrest who requires **Anaesthetic attendance**.

Both categories above will be attended by the MERIT team.