

COVID-19: Highlights of Emerging Evidence and Resources for ICUs

26 April - 6 May 2020

The extracts below have been selected from three sources: (i) a search of COVID-19 literature published since 26 April 2020, (ii) websites publishing COVID-19 rapid reviews (Cochrane, CEBM, Evidence Aid, HSE Ireland), (iii) 'hand' search of specific websites for grey literature resources.

This is not a full review of all published literature and not a clinical guideline but a selection of latest published studies

Restarting planned surgery in the context of the COVID-19 pandemic

Resource

A strategy document from the Royal College of Anaesthetists, Association of Anaesthetists, Intensive Care Society and Faculty of Intensive Care Medicine

This document aims to set out considerations for trusts and departments using Red, Amber, Green (RAG) ratings for the return of planned surgery across four domains; Space; Staff; Stuff (equipment) and Systems. Although there is an expectation to return to 'normal' it is acknowledged that this has to occur in a safe and sustainable manner in the knowledge that SARS-Cov-2 is likely to be with us for the foreseeable future.

Published: 01/05/2020

Accessible: www.icmanaesthesiacovid-19.org

BAME COVID-19 Deaths – What do we know? Rapid Data & Evidence Review

Rapid Review

Evidence indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general population such as overrepresentation of BAME populations in lower socio-economic groups, multi-family and multi-generational households, co-morbidity exposure risks, and disproportionate employment in lower band key worker roles. For Health and Care workers, there are increased health and care setting exposure risks.

Published: 01/05/2020 (not yet peer-reviewed)

Accessible: <https://www.cebm.net/wp-content/uploads/2020/05/BAME-COVID-DEATHS-rapid-review.jpg>

COVID-19 pandemic and non-invasive respiratory management: Every Goliath needs a David. An evidence-based evaluation of problems

Journal Article

Narrative review describing some problems with the management of COVID-19 induced acute respiratory failure (ARF) by pulmonologists

Management:

- High flow nasal cannula (HFNC) alone or with pronation (PP) could be offered for mild cases (PaO₂/FiO₂ between 200-300); non-invasive ventilation (NIV) alone or with PP may work in moderate cases (PaO₂/FiO₂ between 100-200). Rotation and coupled (HFNC/NIV) strategy can be beneficial.
- A window of opportunity of 1-2h is advised. If PaO₂/FIO₂ significantly increases, Respiratory Rate decreases with a relatively low Exhaled Tidal Volume, the non-invasive strategy could be working and intubation delayed

Published: 27/04/2020

Accessible: <https://doi.org/10.1016/j.pulmoe.2020.04.013>

Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package

Description of the development and evaluation of an e-learning package to support the psychological wellbeing of UK healthcare workers during and after the COVID-19 outbreak.

- The e-package includes evidence-based guidance, support and signposting relating to psychological wellbeing for all UK healthcare employees
- Evaluation indicated high user satisfaction with content, usability and utility. Assessment of implementation qualities indicated that the package was perceived to be usable, practical, low cost and low burden.
- The digital support package on 'psychological wellbeing for healthcare workers' is free to use, and is available here: https://www.nottingham.ac.uk/toolkits/play_22794

Published: 26/04/2020

Accessible: <https://www.mdpi.com/1660-4601/17/9/2997>

Management of respiratory failure due to covid-19

This editorial provides a brief overview summary of the pathology of respiratory failure in covid-19 and evidence for management using oxygen therapy, NIV, & intubation.

Published: 04/05/2020

Accessible: <https://www.bmj.com/content/369/bmj.m1786>