

# Strategies to support the COVID-19 response in LMICs

## A virtual seminar series

### Resource Page

## Screening, Triage, and Patient Flow

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### Summary/Key Points:

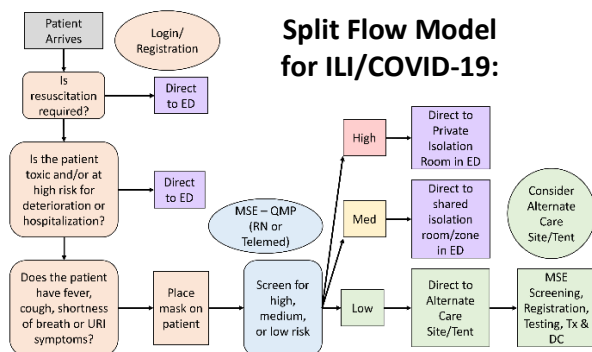
#### Preparation:

- Establishment of a core team and key internal and external contact points
- Human, material and facility capacity
- Communication and data protection
- Hand hygiene, personal protective equipment (PPE), and waste management
- Triage, first contact and prioritization
- Patient Flow
- Environmental cleaning

**Screening:** should be easy for lay people to implement. Current JHU Screening:

- Documented or reported fever
- Shortness of breath
- Cough
- Sore throat
- Muscle aches (myalgia)
- New loss of sense or taste

Having one of the above Influenza-like illness criteria = COVID ISOLATION



#### Triage:

Severity	Clinical Signs	Progression of Clinical Syndrome	Management Escalation Strategy
Mild	Normal O <sub>2</sub> sats	Uncomplicated URI	Symptomatic treatment and monitoring with self-quarantine at home
Moderate		Mild pneumonia	
Severe	RR>30 and O <sub>2</sub> <93%	Severe pneumonia	Oxygen therapy and monitoring + treatment of co-infections
Critical	ARF and/or shock	Acute Respiratory Distress Syndrome and/or Sepsis and/or Shock	Treatment of ARDS + Prevention of complications + treatment of septic shock

#### Other Considerations:

- Proper PPE and donning and doffing technique is essential

### Online resources:

[AFEM's Resource Page](#)

[Checklist for hospitals preparing for the reception and care of COVID-19 patients](#)

[Cerner COVID-19 Surge Capacity Guide](#)

[COVID-19 Severity Scoring Tool for Low Resource Settings](#)

[SURGISPHERE Severity Scoring Tool](#)