



Atrium Health

**DIVISION OF ACUTE CARE SURGERY/ DEPARTMENT OF EMERGENCY MEDICINE
Carolinas Medical Center**

Diagnosing COVID-19 in Trauma

1. There is no evidence to indicate that trauma patients are at higher risk than the general population and as such should be screen according to institutional policy for asymptomatic patients (screening questionnaire).
2. Trauma patients should receive standard of care in line with clinical presentation (CT of chest when indicated under usual circumstances)
3. Our current protocol already advocates for PPE that meets institutional guidelines for protection in dealing with COVID patients with the exception of the airway MD and procedure MD (intubation, chest tube) who would require N95 protection.
4. CT is not an appropriate screening tool for COVID.
 - a. CT is not specific OR sensitive for viral infections.
 - b. Obtaining a CT scan risk exposure of additional staff and patients
 - c. Obtaining a CT scan utilizes valuable and expensive resources when another test is more appropriate (viral panel)
 - d. The American College of Radiology has position statements and recommendations that support this stance (<https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Recommendations-for-Chest-Radiography-and-CT-for-Suspected-COVID19-Infection>)
5. Patients unable to give clinical history to complete screening questionnaire
 - a. Fever is present in 77-98% of COVID-19 patients.
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>)
 - b. If fever present and unexplained by trauma, precautions should be maintained and RPP and COVID panel obtained.
 - c. CT is not warranted unless indicated as part of workup for traumatic injuries
 - i. 56% of patients with early presentation will have a normal CT scan

PROCESS:

Trauma Codes:

1. MEDIC to screen for COVID-19 exposure* and notify ED via radio communication prior to arrival as well as during report in the trauma bay.
 - a. If patient condition precludes screening (critically ill, obtunded, etc) standard precautions will be utilized including standard trauma PPE (surgical mask, eye protection, hair cover, gown, gloves).

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For trauma hallway clearances:

2. If MEDIC requests a trauma clearance on a patient with a COVID-19 positive screen, they must notify the ED prior to arrival.
 - a. Evaluation will be in the medic hallway.
 - i. Patient must have oral temperature taken in medic hallway.
 - ii. The patient must have a mask on prior to ED provider evaluation if they screen positive or have a fever.
 - iii. ED provider to wear PPE (surgical mask, hair cover, eye protection, gown, gloves) during evaluation.
 - iv. The patient should be moved as quickly as possible either to the appropriate room in Major treatment area if procedures anticipated or unstable. Otherwise, triage to appropriate negative pressure room.

For ALL injured patients:

1. Inner Core (as defined in Trauma Team Protocol) assigned team members ONLY in room.
 - a. Don standard trauma PPE (surgical mask, hair cover, eye protection, gown, gloves)
2. *Screening questions not previously completed by MEDIC may be performed after ACLS protocol is complete or patient is stable. Screening questions for patient include:
 - a. Fever 100.4F or greater
 - b. Cough or shortness of breath
 - c. COVID-19 exposure (recent travel to high risk area -China, Iran, Japan, South Korea, Europe, Washington state- or close contact with a COVID-10 positive patient within past 14 days)

For screen positive or COVID positive patients:

1. Medical students and other learners are not permitted in the trauma room
2. Provide patient with surgical mask.
3. If patient requires intubation, follow intubation procedures and PPE protocol per previously outlined guidelines. Only inner core team members in the room during intubation due to risk of aerosols.
4. If CT scan is necessary, notify CT of potential exposure. Only essential personnel will be present for transport of patient to CT.

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5. If the patient requires ICU bed after CT, the patient will be transported directly to the ICU if ICU bed is available. ICU Charge RN will be notified immediately upon identification of screen positive and facilitate bed assignment.
6. If the patient requires OR after CT, the patient will be transported directly to the OR.
7. If the patient is stable and has no obvious concerning CT findings immediately identified, the patient will be transported back to Major treatment, negative pressure rooms 6-18 pending availability.
8. If additional orthopedic imaging if necessary, complete imaging in patient's room in ED or ICU. If patient needs orthopedic imaging to be completed in radiology, obtaining all necessary imaging at once should be prioritized. Radiology will be notified of patient exposure prior to patient transport.

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