ACE-I/ARB continued use, CVD advice, burns, diabetes

Four journals feature articles on continuing use of ACE-inhibitors and angiotensin receptor blockers (ARBs) for COVID-19, JAMA cardiology [click here], BMJ [click here], NEJM [click here], New Zealand Medical Journal [click here]

Also on cardiovascular disease:

- the MJA features advice from a group of experts on heightened risks for CVD patients, and recommended responses to the COVID-19 outbreak - such as adopting a high threshold for acute cardiology admissions and cardiac procedures, rapid discharges, and cardiologist-led telehealth [click here]
- Researchers in Toronto describe the development of a ‘protected code stroke’ algorithm which includes pre-notification and pre-code screening for COVID-19 infection [here], (and Figure 1)

Other guidance just released:

- Consensus guidelines for prevention and management of COVID-19 for neurologists [click here]
- Burns ward management strategies [here] and [here]
- An updated framework for telemedicine in the COVID-19 pandemic [click here]
- Strategies to optimise the provision of mechanical ventilation in the US – including the use of anaesthesia machine ventilators to meet the anticipated high demands [click here]
- Advice on care of the deceased with suspected or confirmed COVID-19, from Public Health England [here]
- A guide from the Australian Diabetes Society on the management of diabetes during COVID-19 [click here] and advice on gestational diabetes testing [click here]
- A dialysis preparedness checklist from the Australia and New Zealand Society of Nephrology [click here]
- Royal College of General Practitioners (RCGP in the UK) advice on workload prioritisation during COVID-19 [click here]

PPE continues to be an important topic and the BMJ has released a useful visual summary [click here], there is also an article on electronic PPE [here], and guidance from Public Health England [here].

The CDC has released recommendations to wear cloth face covering in public settings where social distance measures are difficult to maintain, especially in areas of significant community-based transmission [click here], and a report from the Emergency Care Research Institute (ECRI) recommends extended use of N95 masks, rather than reuse [click here]

NICE released four new COVID-19 rapid guidelines over the weekend:
• Two were community based guidelines for managing COVID-19 symptoms for patients in the community – one for end of life care click here, and one for pneumonia care planning, assessment and management click here
• The other two provide more specific guidance on rheumatological autoimmune, inflammatory and metabolic bone disorders click here and severe asthma click here

The Australian National COVID-19 Clinical Evidence Taskforce has developed a living guidelines repository click here (CIU will track pertinent information and outputs in the repository)

Figure1: Hyperacute stroke management during the COVID-19 pandemic

Twitter

The key twitter activity over the weekend:

1. Remote assessment tool in primary care available in 11 languages https://tinyurl.com/w8bz5jy @trishgreenhalgh
2. Organising health workforce and ongoing support- weekly webinar by NHS England and Improvement https://tinyurl.com/tblrq84 @helenbevan
3. Learnings across the country from large metro, regional and rural health services as they outline how they have prepared for the COVID-19 peak https://tinyurl.com/vfsjd6e @MJA_Editor
4. A global public health effort to track health outcomes of intubations among anaesthetists and others caring for COVID-19 patients https://tinyurl.com/vj6m3dw @IntubateCovid
5. Building on the new evidence that ~25% or more of COVID-19 infections are in asymptomatic carriers who shed surgical facemasks could prevent transmission of human coronaviruses from symptomatic individuals, mounting discussion on the length and use in asymptomatic patients https://tinyurl.com/t2aeeyo @EricTopol @PaulGlasziou and others

The daily evidence digest collates recently released reports and evidence – provision of these links does not imply endorsement nor recommendation.