

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

### 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

## Protected Code Stroke

+ Positive Screen for COVID-19



**Pre-notification screening: communication with paramedics or sending facility prior to arrival - Positive infection screen:**  
patient is exhibiting or has close contacts with infectious symptoms and/or travel history



**Unclear or unable to obtain history:** patient is obtunded or not able to communicate. History or exam features suggestive of an alternate diagnosis

INSIDE Room



MD1



RN1



Mask  
On Patient



RN2/RT  
(Optional)

DO NOT use stethoscope (contamination)

OUTSIDE Room



MD2



Safety  
Lead

- Safety Lead to monitor PPE
- All charting OUTSIDE ROOM

EXPERIENCED STAFF — MD1 (ATTENDING OR SR. TRAINEE)

Required PPE (use donning/doffing checklist):

1. Full-sleeve gown   2. Surgical Mask   3. +/- Head covering (optional)  
4. Face Shield   5. Gloves



**Intubate EARLY for increasing O<sub>2</sub> requirements**  
Airway management for deteriorating patients OR increasing oxygen requirements FIO<sub>2</sub> > 0.5 - Preoxygenate with facemask, with filter, BVM WITHOUT MANUAL VENTILATIONS. AVOID BIPAP, CPAP, Nasal High Flow Therapy



**Crisis Resource Management:** Role designation and clarity, closed loop communication, optimized team size, avoid cross-contamination

**Twitter**

The key twitter activity over the weekend:

1. Remote assessment tool in primary care available in 11 languages <https://tinyurl.com/w8bz5iy> @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



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