Ethics, remote assessment, use of mechanical ventilation in UK, management strategies in China

The New England Journal of Medicine featured three articles on the ethics and ethical governance of rationing ventilators during the pandemic, including a proposed organisational model for a triage committee to buffer clinicians from the distress of making decisions individually.

The Centre for Evidence Based Medicine published a rapid evidence review on assessing dyspnoea (breathlessness) by telephone or video.

An audit in the UK found that two thirds (132) of COVID-19 critical care patients had mechanical ventilation within 24 hours of admission.

Different management strategies tested in China’s province have been described Heilongjiang Province (Figure 1).

Hyperlinks

Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic’s Front Line
Fair Allocation of Scarce Medical Resources in the Time of Covid-19
The Toughest Triage — Allocating Ventilators in a Pandemic

Are there any evidence-based ways of assessing dyspnoea (breathlessness) by telephone or video?

COVID-19 infection epidemic: the medical management strategies in Heilongjiang Province, China

Covid-19: most patients require mechanical ventilation in first 24 hours of critical care
Twitter

In the last 24 hours there has been increased twitter activity with countries sharing their lessons from responding to COVID-19. We continue to track trending hashtags and scan activity from international organisations and leading experts daily.

<table>
<thead>
<tr>
<th>Country</th>
<th>Lessons</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>Develop a plan to coordinate organisational, clinical, technological and psychological aspects. Simple and concise tools, flow charts and checklists for what, when and how. Blanket testing.</td>
<td>@ISQua @bmj_latest</td>
</tr>
<tr>
<td>Spain (Madrid)</td>
<td>Divide the hospital into COVID-19 + and – units, convert day surgical units to non COVID-19 ICU and establish exclusion, contamination and support zones.</td>
<td>@mgalandejuana</td>
</tr>
<tr>
<td>USA</td>
<td>Augment the workforce, increase outreach and establish project management office. Use baby monitors to minimise direct contact. Cancel elective surgeries. Reuse/extend use of N95 masks. Use data analytics and reporting for timely decisions.</td>
<td>@tedjamesmd @COPEHS</td>
</tr>
</tbody>
</table>

Figure 1: Reassignment of medical resources in Heilongjiang Province

Source: Wang et al. 2020

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