

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

New guidance, cardiac patients, rapid EBM reviews, ED, telehealth

Following the release of guidance on systemic cancer therapy two weeks ago ([link here](#)), NICE has now published guidance on radiotherapy. It provides advice on communicating with patients with and without COVID-19; supporting staff, prioritising radiotherapy and modifications to usual care, including deferment and hypofractionation [click here](#)

Guidance has been released from various bodies on:

- endotracheal Intubation [click here](#)
- management of critically ill adults [click here](#).
- urological prioritisation during COVID-19 from USANZ [click here](#)
- risk minimisation, surgical urgency and prioritisation for gynaecological endoscopy and surgery from the RCOG / BSGE [click here](#)
- perioperative care of people with fragility fractures from the Faculty of Intensive Care Medicine [Click here](#)
- patient safety recommendations in the COVID-19 outbreak lessons from the Italian experience – released by ISQuA [click here](#)
- infection control in dental settings from the CDC [click here](#)
- disinfection for households with suspected or confirmed COVID-19 from the CDC [click here](#)

Two papers in JAMA Cardiology discuss associations between cardiovascular disease and COVID-19 outcomes [click here](#) and [here](#)

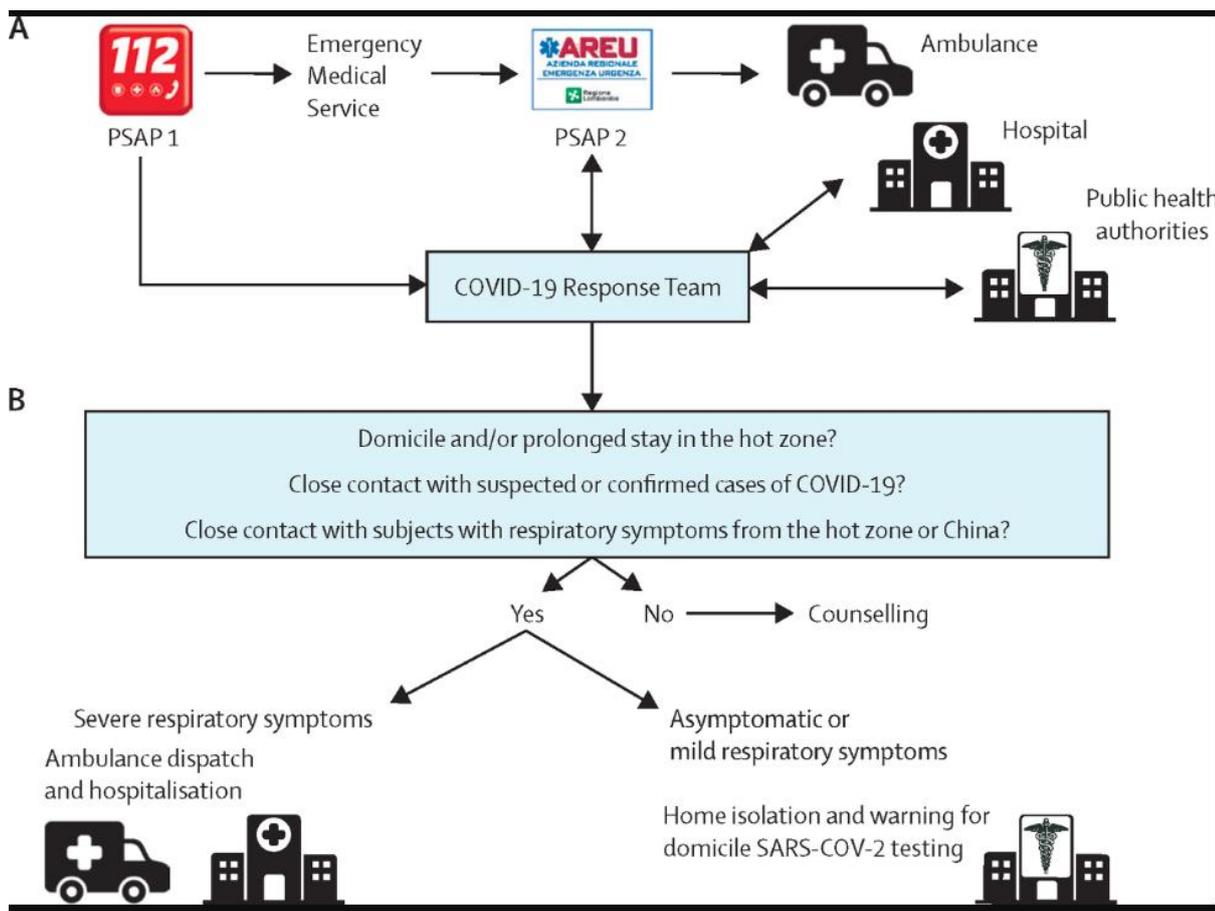
A letter to the Lancet described a model of care for COVID-19 Response Teams in Milan - consisting of 10 health-care professionals supported by two technicians [click here](#) (Figure 1)

New CEBM rapid reviews were released on COVID-19 viral load and the severity of COVID-19, chloroquine and hydroxychloroquine, accuracy of swabs for diagnosing COVID-19 and angiotensin converting enzyme inhibitors and angiotensin receptor blockers [click here](#)

Two articles focus on the emergency department (ED) – the first translates COVID-19 pandemic surge theory to practice in ED ([click here](#)) and the second on end-of-life care in the ED ([click here](#)).

Telehealth to increase the access to and quality of mental health services is considered [click here](#)

Figure1: Organisation and procedural algorithm of the COVID-19 Response Team



Source Spina et al, 2020

Twitter

Country	Organisational responses and lessons	Source
Italy	Recognise cognitive biases; avoid partial solutions (response needs to be orchestrated as a coherent system of actions taken simultaneously including reorganisation within the hospitals with COVID19 and non-COVID19 streams of care); collecting and disseminating data is important.	@HarvardHBS
Germany	ICU Plane will fly patients with COVID19 from Italy and France to hospitals in Germany	@AMedevac
US	Ventilator Supply Mitigation Strategies using alternative devices for patients requiring ventilatory support https://www.fda.gov/medical-devices/letters-health-care-providers/ventilator-supply-mitigation-strategies-letter-health-care-providers	@trishgreenhalgh
China	algorithm for ICU admission triage. https://annalsofintensivecare.springeropen.com/track/pdf/10.1186/s13613-020-00650-2	@trishgreenhalgh

