COVID-SSU Clinical Pathways

CHEST PAIN (PE)

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

EXCLUSION CRITERIA	
ABSOLUTE	**RELATIVE**

• Other diagnosis more likely that requires admission e.g. ACS / pericarditis / pneumonia
• High risk for significant PE e.g.
  ○ Hypoxia / tachycardia
  ○ Right heart strain – elevated troponin, RBBB on ECG, S1Q3T3
	• SOB without fever
	  ○ Needs to be discussed with ED and SSU senior in consideration for COVID exclusion
	  ○ Admission to SSU on senior oversight discretion after discussion

KEY CONSIDERATIONS DURING SSU ADMISSION

- Analgesia
  - Paracetamol 1 g QID oral/ Ibuprofen 400 mg TDS oral
- Antiemetic – Ondansetron 4-8 mg sublingual or IV/Metoclopramide 10 mg QID IV or oral
- Exclude other causes (pneumothorax, pneumonia – CXR +/- ACS work-up)
- Confirm pregnancy status with urinary bHCG
- Risk stratification using Well's criteria +/- pulmonary embolism rule-out criteria
- Decision re: utility of D-dimer vs imaging i.e. CTPA / VQ should be made in ED by experienced clinician.
- Ensure patient has 18G peripheral IV access if imaging requested.
- Assess for DVT and exclude if suspected (doppler limb USS)
- Anticoagulate early if anticipated delay to definitive test – i.e. Clexane 1mg/kg subcut stat (max dose 100 mg)
- Thrombophilic screen for proven PE or DVT prior to commencing long-term anticoagulation

REFERRAL CRITERIA (various)	DISCHARGE CRITERIA
• Systemic symptoms or haemodynamic compromise • CTPA or VQ positive for PE (Respiratory or Obstetric Medicine for pregnant patients) • Dynamic ECG changes (Cardiology) • Unresolved significant chest pain (Cardiology) • Other diagnosis identified	• Systemically well • Stable vitals • Tolerating oral analgesia • D-dimer or imaging negative for PE • Risk stratification completed for ACS

DISCHARGE REQUIREMENTS

- Follow up plan;
  - LMO – suggest follow up test as indicated after risk stratification e.g. provocative testing for ACS
- Prescription for analgesia where needed
- Medical certificate
- Re-attendance advice – e.g. worsening pain, dyspnoea, collapse