

# COVID-19 PROVIDER TOOLKIT

Also available online at [saem.org/covid19providers](https://saem.org/covid19providers)

QUESTIONS ABOUT COVID-19  
TREATMENT OPTIONS?



# INTRODUCTION

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The SAEM COVID-19 Toolkit is intended for emergency medicine providers. Simple practice tips, facts, and summary guidelines are presented to help providers with communicating and caring for patients with suspected and/or confirmed COVID-19, along with easy-to-access references. Links to downloadable fact sheets are also given, which can be given to patients to help them understand basic aspects of COVID-19 infection, treatment, self-care, and care for others in their homes.

COVID-19 is rapidly evolving. This toolkit was published on January 3, 2022. For the most updated information, see the [CDC's COVID-19 online resources and guidance.](#)

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# TALKING TO PATIENTS



## Breaking Down Communication Barriers Dispelling Misinformation

### TIP #1

#### **Minimize communication barriers associated with personal protective equipment**

Minimize communication barriers associated with personal protective equipment, including opaque masks that cover faces and muffle voices, particularly for those who are hearing impaired or at-risk for delirium. Telecommunication, for example with pads device or smart phone, from outside the room can be helpful so that patients can directly see the provider's full face. If masks are required during direct in-person encounters, ensure that empathy for the patient's situation is conveyed using other verbal and nonverbal cues.

- [Patient and Health Care Worker Perceptions of Communication and Ability to Identify Emotion...\(JAMA\)](#)
- [Effect of Face Mask on Voice Production...\(NIH/Journal of Voice\)](#)
- [Caring from behind the face mask... \(NIH/Perspect Med Educ\)](#)



### TIP #2

#### **Engage patient's identified care partners**

As appropriate for a patient's unique values and HIPAA restrictions, engage patient's identified care partners (e.g., home care provider and/or family member) when conveying diagnostic, prognostic, or therapeutic medical options.

- [Medical students and the response to COVID-19...\(NIH/L'Encéphale\)](#)



## TIP #3

### Understand the patient's health literacy and health numeracy and adapt communication

Understand the patient's health literacy and health numeracy, while adapting communication strategies and resources using techniques like "Teach Back" to ensure knowledge comprehension. Use infographics and be aware of basic shared decision-making principles.

- Feasibility and diagnostic accuracy of brief health literacy and numeracy screening... (Academic Emergency Medicine/NIH)
- The impact of teach-back on comprehension of discharge instructions and satisfaction... (J Commun Healthc/NIH)
- Applying harm reduction to COVID-19 prevention (Patient Educ Couns./NIH)
- Shared Decision-making in the Emergency Department (Academic Emergency Medicine/NIH)
- Shared Decisionmaking in the Emergency Department: A Guiding Framework for Clinicians (Ann Emerg Med. / NIH)

### Access and use the large number of one-page, patient-oriented handouts that can be resourced during of emergency department (ED) care to overcome health literacy barriers.

- Variants of SARS-CoV-2 (JAMA)
- Monoclonal Antibodies... (JAMA)
- Risk of COVID-19 During Air Travel (JAMA)
- Caring for Someone With COVID-19
- What Is COVID-19?
- Convalescent Plasma... (JAMA)
- What Is Anosmia? (JAMA)
- Masks and Coronavirus... (JAMA)
- Testing Individuals... (JAMA)
- Food Safety... (JAMA)
- Medical Masks (JAMA)
- Stopping the Spread... (JAMA)

## TIP #4

### Provide alternative communication stream options for follow-up

Provide alternative communication stream options for follow-up questions, including real-time communication: email, secure messaging, and telemedicine.

- Attitudes, practices, and experiences of medical specialists towards email... (Intern Med J. / NIH)
- Secure Messaging and COVID-19: A Content Analysis of Patient-Clinician Communication... (Telemed J E Health. / NIH)
- Communication strategies during the COVID-19 pandemic... (Semin Oncol. / NIH)

## My Patient Has COVID: Communicating Risk and Prognosis to Patients

The American College of Emergency Physicians has published an easy-to-use risk stratification tool that can be accessed via [ACEP ED COVID-19 Management Tool - MDCalc](#)



## TIP #5

### Recognize health care disparities

Recognize non-English language and other health care disparities such as access to telemedicine for follow-up.

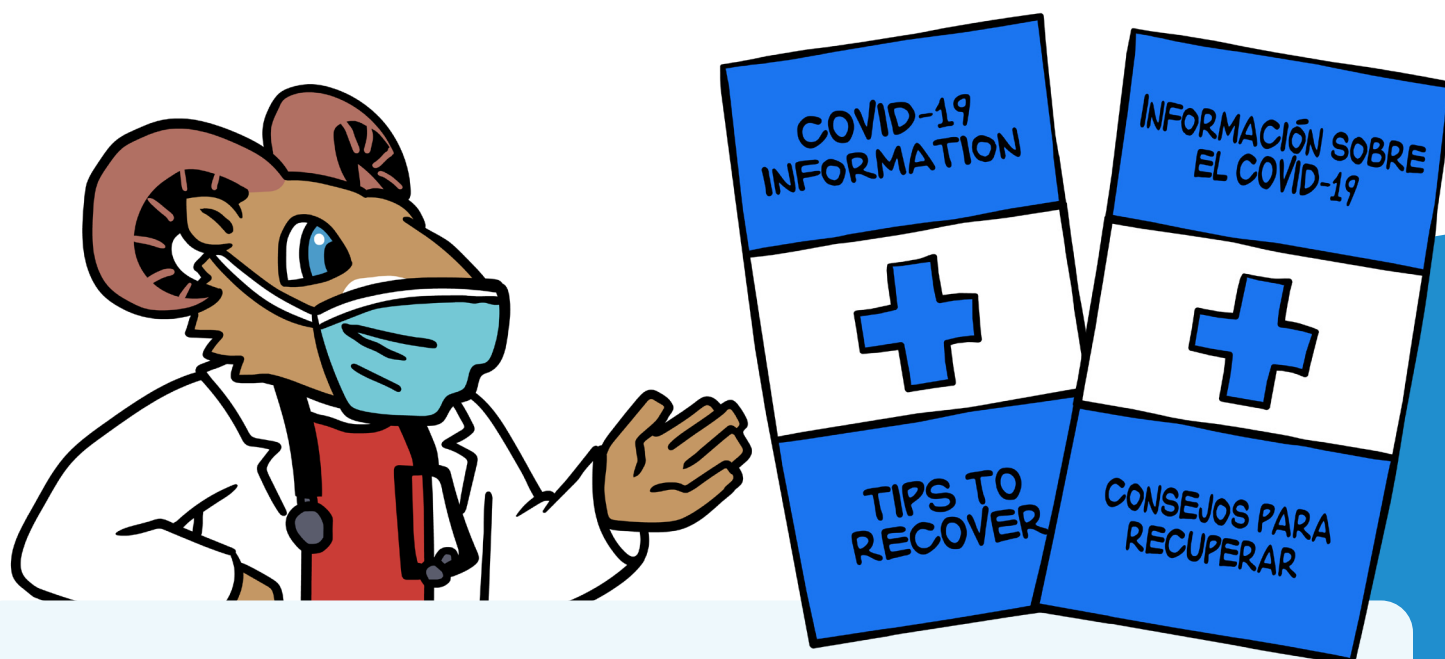
- [Disparities in Use of Video Telemedicine Among Patients With Limited English...](#) (JAMA Netw Open. / NIH)

## TIP #6

### Avoid isolating cognitively frail patients from care partners

Avoid isolating cognitively frail patients from care partners when visitor restriction rules apply. When hospital policies cannot accommodate in-person care partners, ensure uniform access to alternative video communication options (every care partner has a smart-phone or pad device and every person living with dementia has assistance to use those devices in the room).

- [Helping patients connect remotely with their loved ones modulates distress in healthcare workers...](#)(Eur J. Psychotraumatol. / NIH)
- [Delirium in Older Patients With COVID-19...](#)(JAMA Netw Open. / NIH)



## TIP #7

### Understand that empathetic communication from the most senior physician is valued

Understand that patients and care partners value empathetic communication from the most senior physician on the team. A direct brief conversation is highly valued and helps improve patient outcomes.

- [A questionnaire-based study on quality and adequacy of clinical communication...](#)(Patient Educ Couns. / NIH)
- [Communication in the Time of COVID-19](#) (J Emerg Med. / NIH)
- [How to Talk to Patients About COVID-19 Vaccine](#)

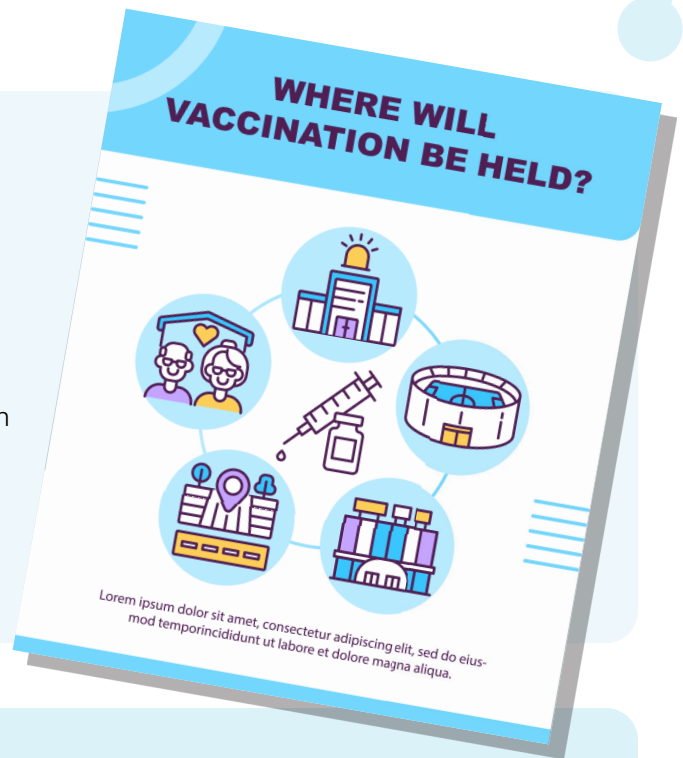
# Discussing Vaccination

## TIP #1

### Display patient-friendly vaccine flyers

Display patient-friendly vaccine flyers, including regional/local resource links, throughout your ED and provide to each patient as an informational handout upon ED arrival.

- [Reach Vaccine Hesitant Populations with New ACEP Tools \(ACEP\)](#)



## TIP #2

### Provide basic vaccine information during the initial stages of noncritical ED evaluations

Without judgment or expectations, provide basic vaccine information during the initial stages of noncritical ED evaluations for the patient/family to contemplate throughout the visit. Sharing that information can have important impacts for the patient, their community, and future ED visits.

- [Feasibility and diagnostic accuracy of brief health literacy and numeracy screening instruments \(Acad Emerg Med. / NIH\)](#)

HOW DOES IT WORK?





## TIP #3

### Use one-page, patient-oriented vaccine FAQ handouts to overcome health literacy barriers

Access and use the large number of one-page, patient-oriented vaccine FAQ handouts that can be resourced during an ED care to overcome health literacy barriers.

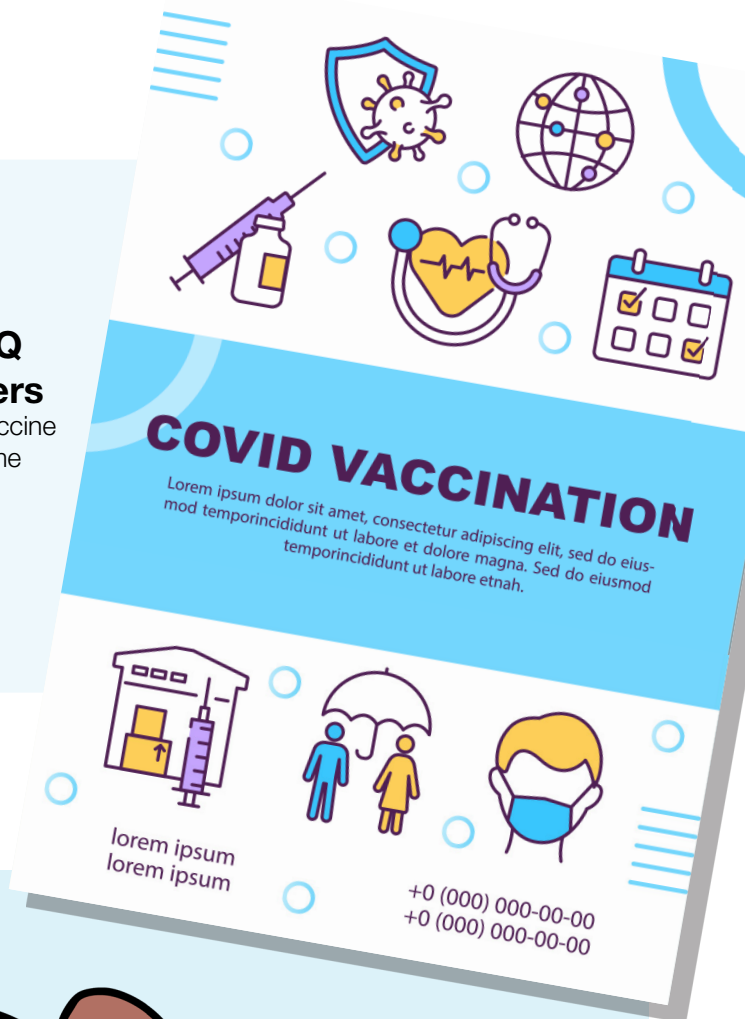
- The Johnson & Johnson Vaccine for COVID-19 (JAMA)
- Necessity of 2 Doses of the Pfizer and Moderna COVID-19 Vaccines (JAMA)
- What Is Herd Immunity? (JAMA)

## TIP #4

### Be prepared to answer patients' questions about vaccine safety or efficacy

Understanding that most patients value a physician's judgment, and opinion and time, be prepared to answer patients' questions about vaccine safety or efficacy and refer them to easy-to-digest, reliable local information resources.

- Factors influencing COVID-19 vaccination intention...(Patient Educ Couns. / NIH)
- Assessment of Communication Strategies for Mitigating COVID-19 Vaccine-Specific Hesitancy...(JAMA Netw Open. / NIH)



# Just the Facts: The Basics Regarding COVID-19 Treatment Recommendations

## Use of Dexamethasone

Daily dexamethasone is **RECOMMENDED** for patients with COVID-19 that have a new supplemental oxygen requirement.

- 1) COVID-19 patients who require mechanical ventilation benefit the most from daily dexamethasone treatment (8.7% absolute risk reduction, number needed to treat to prevent one death is 12). Hospitalized patients with a new supplemental oxygen requirement who receive dexamethasone also experience a mortality benefit (2.9% absolute risk reduction in the RECOVERY trial, number needed to treat to prevent one death is 35).
- 2) Strongly consider 6 mg of dexamethasone daily for all patients who require supplemental oxygen, including those being discharged on home oxygen therapy.
- 3) Do NOT start dexamethasone on patients who do not require supplemental oxygen. There is no benefit in these patients and there was a nonsignificant signal of potential increased mortality for these patients in the RECOVERY trial.
- 4) Consider the potential risks of steroid treatment in treated patients so that these risks can be mitigated.

\*For patients born or recently living in certain regions of Africa, Asia, or Latin American where *Strongyloides stercoralis* is endemic, consider getting an infectious disease consultation prior to starting treatment with immunosuppressive agents.

### Key References:

- WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group et al, Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19: A Meta-analysis, 2020, JAMA, 324(13):1330-41, doi: 10.1001/jama.2020.17023
- The RECOVERY Collaborative Group et al, Dexamethasone in hospitalized patients with COVID-19, 2021, N Engl J Med, 384:693-704, doi: 10.1056/NEJMoa2021436

HOW EFFECTIVE IS IT?

- DAILY DEXAMETHASONE
- RECOMMENDED FOR HIGH-RISK PATIENTS WHO DO NOT CURRENTLY REQUIRE HOSPITALIZATION, PROVIDED MEDICATION CAN BE ADMINISTERED WITHIN 10 DAYS OF SYMPTOM ONSET

\*CHECK NIH FOR LATEST GUIDELINES



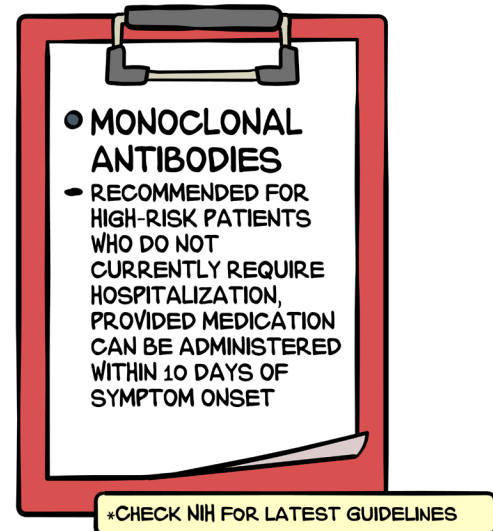
# Use of Monoclonal Antibodies

Monoclonal antibody therapy is a highly effective treatment for COVID-19 patients when available.

**Sequence variation in circulating viruses can impact the effectiveness of each of the individual monoclonal antibody treatments.** These medications may be **INEFFECTIVE** if a variant of concern contains mutations that allow the virus to escape the specific monoclonal antibody or antibodies in each different medication. Therefore, the choice of monoclonal antibody medication is typically made at a regional or local level for the treatment that best covers locally circulating variants. Know your health care system and consult with local health authorities in your area to know which treatments will work in your community.

**When an effective option is available, monoclonal antibody therapy is administered to patients with HIGH RISK for disease progression that DO NOT currently require hospitalization IF the medication can be administered within 10 days of the onset of symptoms.**

- 1) The highest level of evidence exists to treat patients with 7 or fewer days of symptoms, so we recommend starting these medications in appropriate patients as early as possible after the onset of symptoms.
- 2) Advanced age (>55) is the strongest risk factor for disease progression. Chronic medical conditions such as diabetes, heart disease and obesity, among others, are also risk factors for COVID-19 disease progression. Immunosuppression is another key risk factor for COVID-19 disease progression.
- 3) A limited meta-analysis of the small number of studies performed with these medications show that they reduce the risk of hospitalization by about 70%.
  - a) Risk of hospitalization in placebo group 6%, risk in the treatment group 1.8%; absolute risk reduction 4.2%, number needed to treat to prevent one hospitalization is 24.
- 4) The process providers must use to access monoclonal antibody treatment for their patients is variable. It is important to know how to get your patients these and other acute treatments in the specific environment you are working in. The US Department of Health and Human Services has a website to help you/your patients locate local treatment centers. [Therapeutics Distribution](#) | [HHS Protect Public Data Hub](#).



## Key Reference:

- Siemieniuk et al, [Antibody and cellular therapies for treatment of COVID-19: a living systematic review and network meta-analysis](#), 2021, BMJ, 374:n2231, doi: 10.1136/bmj/n2231

## A FEW QUESTIONS ABOUT MONOCLONAL ANTIBODY TREATMENT



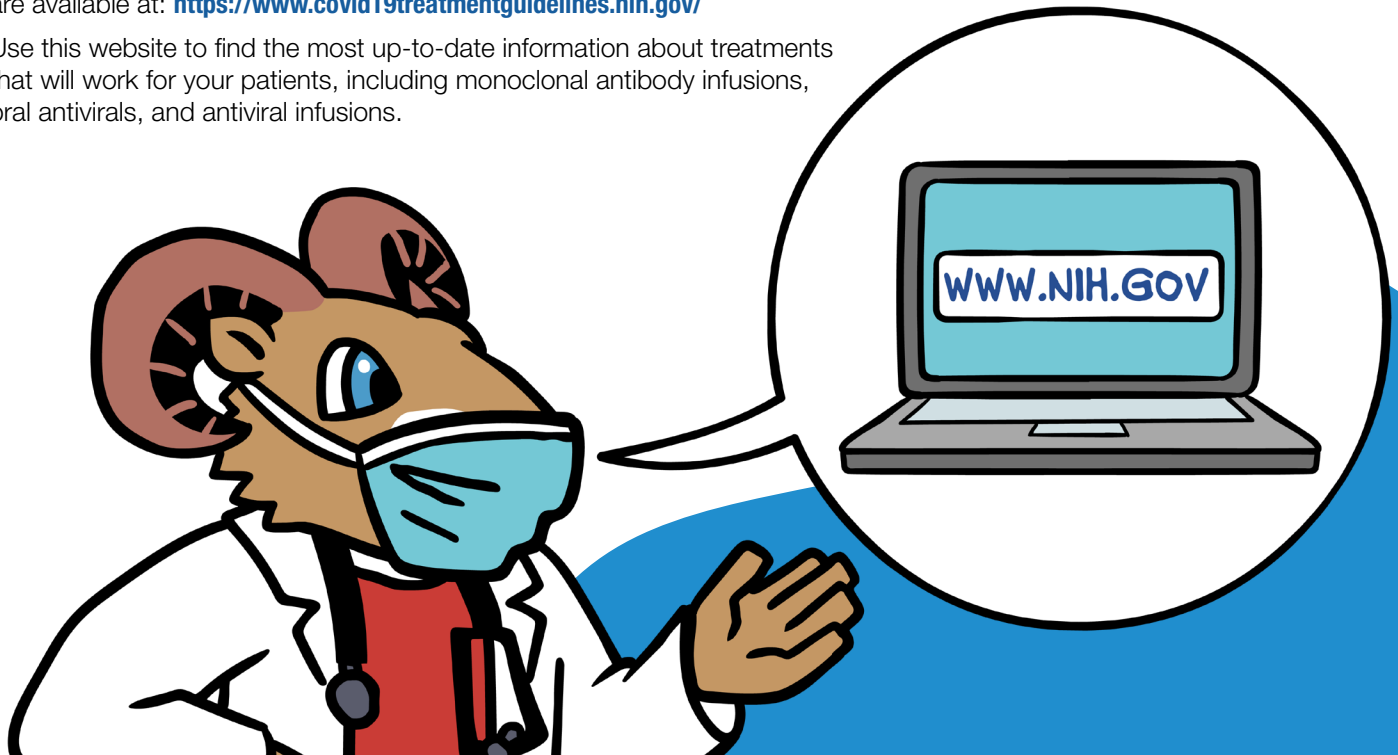
[saem.org/covid19providers](https://saem.org/covid19providers)

Checkout SAEM's video  
"Dr. Ramsy Explains: Treatment  
Options for COVID-19 Patients"  
available at  
[saem.org/covid19providers](https://saem.org/covid19providers)

# Evolving and Emerging Therapeutics: Where to Go to Keep Up

The standard of care for COVID-19 therapeutics can rapidly evolve with the emergence of new viral variants that are resistant to current treatments and with the availability of newly developed treatments. The most up-to-date COVID-19 treatment guidelines vetted by the US public health community (the NIH, FDA, and CDC) are available at: <https://www.covid19treatmentguidelines.nih.gov/>

Use this website to find the most up-to-date information about treatments that will work for your patients, including monoclonal antibody infusions, oral antivirals, and antiviral infusions.



## Share Trusted SAEM Resources

- Download this fact sheet to learn about SmartPhrases for the EPIC system and easily retrieve resources so that you can access them from the bedside
- Share this brochure with providers
- Display this poster in your academic center or ED

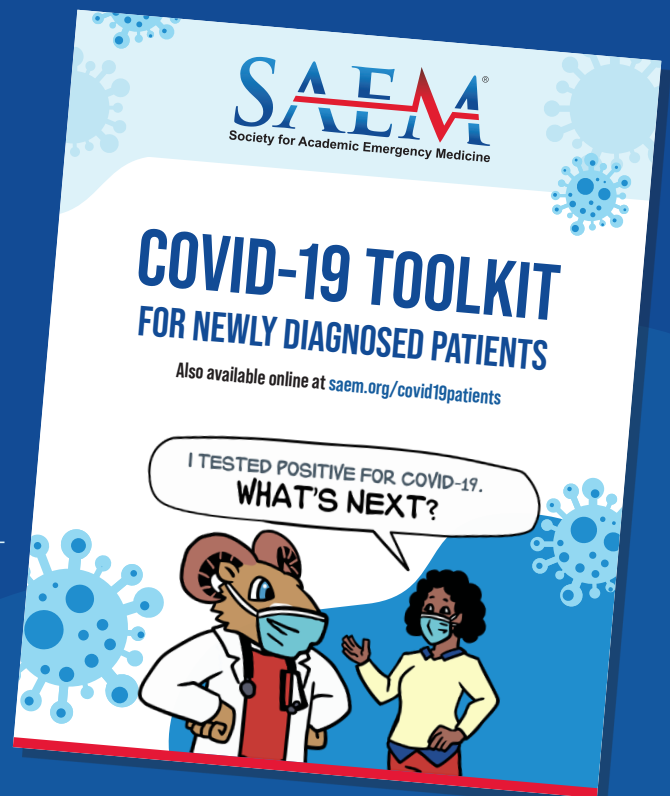
### Let your colleagues know about these videos

- **Dr. Ramsy Explains: Communication With COVID-19 Patients** (English or Spanish-coming soon)
- **Dr. Ramsy Explains: Treatment Options for COVID-19 Patients** (English or Spanish-coming soon)

### Share these educational videos with patients

- **Dr. Ramsy Explains: Tested Positive for COVID-19? Now What?** (English or Spanish-coming soon)
- **Dr. Ramsy Explains: What Is Monoclonal Antibody Treatment for COVID-19?** (English or Spanish-coming soon)

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# COVID-19 Education Task Force

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*Task Force members have no financial disclosures.*

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## Finding the Most Up-to-date Information

**Providers:**

The standard of care for COVID-19 therapeutics can rapidly evolve with the emergence of new viral variants that are resistant to current treatments and with the availability of newly developed treatments. The most up-to-date COVID-19 treatment guidelines vetted by the US public health community (the NIH, FDA, and CDC) are available at: [NIH COVID-19 Treatment Guidelines](#)

**Patients:**

[CDC COVID-19 Website](#)

Visit [www.saem.org](http://www.saem.org) for more information about this toolkit.



**FOLLOW THE CDC'S LATEST GUIDANCE AT:**  
[cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html](https://cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html)

