

Health PEI Provincial COVID-19 Patient Admission Guidelines

March 28, 2022 Update

The disposition of patients being admitted with COVID-19 illness will depend on the patient's severity of illness, goals of care, and resources available at a particular acute care hospital.

For Community Hospitals: Western Hospital, Community Hospital O'Leary, Souris Hospital, Kings County Memorial Hospital

Patients who are hemodynamically stable with stable oxygen requirements are appropriate for care at community hospitals. The Most Responsible Physician has discretion to request transfer to PCH/QEH regardless of oxygen requirements/vitals if they feel the patient's clinical status is at risk to decline.

Should a COVID positive patient at a community hospital show signs of acute worsening after admission, early consultation for transfer of care is indicated if in keeping with the patient's goals of care. Referral will be to either the PCH/QEH Hospitalist or Internist as clinically appropriate - see below.

For Prince County Hospital/Queen Elizabeth Hospital

Patients will be admitted under their family physician or the hospitalist (unaffiliated) if their oxygen requirements are up to 6Lpm by nasal prongs.

For patients requiring more than 6L by nasal prongs or for those showing clinical signs of deterioration or a trajectory of illness that suggests a higher level of care may be needed (regardless of current oxygen requirement), early consultation with IM for possible ICU admission is recommended if in keeping with the patient's goals of care.

For greater clarity, the decision to admit to ICU rests with the IM consultant and there is no specific oxygen level trigger for ICU admission.

Patients admitted to ICU will remain there while they require high flow oxygen or invasive oxygen delivery OR until such time that the ICU physician in consultation with the family physician/hospitalist feels they have made meaningful recovery from their COVID-19 illness and transfer out of ICU is indicated. A change in goals of care may also support a transfer out of ICU.

Patients with goals of care or comorbidities that dictate ICU care is not appropriate will be under their family physician or hospitalist (unaffiliated) with oxygen delivery via nasal prongs (up to 6Lpm). At QEH, these patients may receive high flow oxygen delivery mechanisms like Airvo or Optiflow on the regular inpatient unit. At PCH, Airvo or Optiflow oxygen delivery may be administered to this patient subset in the ICU or regular inpatient unit as per PCH protocol. The family physician/ hospitalist can consult with IM on call as needed to determine the best management of these patients.

For Patients who are Palliative and at End of Life with COVID at any hospital

These patients will be admitted to hospital on nasal prong oxygen. Their respiratory symptoms will be treated palliatively with medical management. High flow oxygen delivery mechanisms (Airvo and Optiflow) are not felt beneficial in this patient population and so will not be used. These patients will be cared for at all sites.