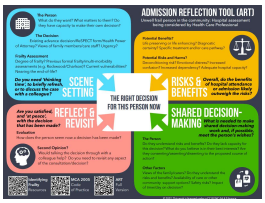
Guide to hospital admission for ALL patients, with or without suspected Covid-19 disease

The Charlson Score (Comorbidity Index[1]) is now available to view in Connecting Care.[2] This score is a validated way of assessing mortality risk due to a combination of comorbidities and age. It is provided to aid decision-making, particularly during the Covid-19 epidemic and particularly for decisions about admitting to hospital or intensive care.

This information is based on the guidance issued to all primary care providers in BNSSG and it remains relevant for decision-making when assessing patients in any setting, pre-hospital admission. There is an associated 'Quick Reference Guide' which is a simple training guide on how to find the information.

Compassionate communication and shared decision-making should form the basis of any decision to admit to hospital. You will be supported by your clinical leaders to be courageous in your decision making.



A tool to help with 'confident shared decision-making' when considering admitting a frail person to hospital is provided on the BrisDoc Clinical ToolKit.[3]

Scan here to access the tool

1. Think about what interventions are only available on admission vs community

- Consider whether treatment in the community might be possible and/or sufficient
- The community medicine delivery unit (CMDU) provides some clinical vulnerable patients with early access to antiviral and neutralising monoclonal antibodies (nMABs)
- In-hospital care will be based on the management of:
  - respiratory failure including supplementary oxygen, non-invasive (CPAP) and invasive respiratory support (invasive mechanical ventilation)
  - close monitoring for signs of rapid deterioration or complications of Covid-19 (e.g need for multi organ support, acute kidney injury)
  - Delivery of therapeutics that include dexamethasone, monoclonal antibodies and antivirals, dependent on clinical indications and Covid-19 genotype/variant
  - Patients who are recovering could be considered for step down and discharged home with remote monitoring via the covid virtual ward

[1] www.mdcalc.com/charlson-comorbidity-index-cci
[2] Connecting Care displays the score for everyone registered with a Bristol, North Somerset or South Gloucestershire GP practice on whom we have data available.
[3] https://www.clinicaltoolkit.co.uk/knowledgebase/admission-reflection-tool-art/

This guidance has been provided by Healthier Together's Clinical Cabinet, members of which include Medical Directors from across BNSSG organisations

2. You are strongly advised to consider the person's medical history, comorbidities and risk of mortality, using the Charlson Comorbidity score (available in Connecting Care and/or EMIS)[4]

- The score well validated for general use and[5] has also been shown to have use in predicting severe illness and death in COVID illness[6][7]
- Though difficult to quantify, consider also post Covid-19 morbidity and chance of full recovery
- Atypical cases such as those with home non-invasive ventilation or high multi-morbidity despite young age may need discussing with the relevant hospital specialist

Charlson score	Typical in-patient mortality (%)	10-year mortality (%)
0	0	2
1	3	4
2	6	10
3	11	23
4	14	47
5	15	79
6	24	98
>= 7	-	100

3. Share the decision-making process

- Consider discussing your decision with a colleague especially for 'borderline' decisions
- A community-based approach including supportive and/or palliative care should be the normal route when people are unlikely to benefit from hospital admission (and may be harmed) such as those with
    - Serious progressive life limiting neurological diseases in an advanced stage e.g. dementia
    - End-stage single organ failures: cardiac, renal, liver and lung
    - Severe frailty: Clinical Frailty Scores (CFS, also known as a Rockwood score) 8 and 9[8]

Treatment in the community requires proactive discussions about resuscitation status, agreed ceilings of care and prescribing for symptoms at the end of life.

4. Document your decision-making process

- Make use of the recommended Covid-19 admission template within EMIS (see **GP TeamNet** and daily **primary care Covid-19 bulletins** for release date and updates) if you have access to this. This includes guidance on the use of the Charlson Score
- In IUC, log discussion and decisions in the Adastra records. Complete a **ReSPECT** form

[4] Scores will be available within electronic patient records (see daily primary care Covid-19 bulletins for release date and updates) and or use www.mdcalc.com/charlson-comorbidity-index-cci or the associated MedCalc smartphone app

[5] doi.org/10.1016/0021-9681(87)90171-8, doi.org/10.1016/j.jclinepi.2004.03.012

[6] https://doi.org/10.1007/s11606-020-05991-z

[7] http://dx.doi.org/10.1097/MD.0000000000025900

[8] CFS 8 and 9 are associated with inpatient mortality rates of 24 and 31% respectively