MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

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TO: All Credentialed MCFRS ALS Clinicians

FROM: Roger M. Stone MD, MS
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SUBJECT: COVID-19 Clarification and Guidance

After reviewing recent trends in patient management since my April 12 memorandum, I believe some clarifications are needed:

- A high-risk chief complaint deserves an ALS assessment, regardless of the suspicion or confirmation of COVID-19 infection.

- A patient with a suspected or confirmed COVID-19 infection does not automatically become a BLS patient. Hypoxic and/or dyspneic COVID-19 patients can experience rapid and unforeseen respiratory decompensation.

- Unlike other diseases that impact the respiratory system, patients with COVID-19 may present with low oxygen saturations without dyspnea because their lungs initially maintain normal compliance and resistance, and carbon dioxide levels are normal or low. This group of "happy hypoxic" patients might be stable and suitable for downgrade if:
    - There is no sign, symptom or exam finding that indicates impending distress
        - There is no increased work of breathing
        - There is no tachycardia, hypotension, or tachypnea
        - Mental status is at baseline
    - There is no chest pain or anginal equivalent
    - The initial hypoxia improves rapidly with nasal cannula oxygen
    - There is no neurologic deficit

- We need careful situational awareness and a high index of suspicion. COVID-19 is a virulent and tricky virus capable of sickening any patient we encounter. It can cause, act like, or hide other high-risk conditions.

- For more clinical information about the presentation of hypoxia in COVID-19 patients, please review the following:

  https://emcrit.org/pulmcrit/happy-hypoxemia-physiology/
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165289/
  https://www.medscape.com/viewarticle/928803