

Guidelines for physical examination of the patient who is Covid-19 positive (or PUI)

Principles

1. Seeing the patient in person has a therapeutic benefit; this benefit is attenuated by wearing PPE.
2. Examining the patient in person may have a diagnostic benefit; a focused exam (cardiopulmonary exam in a patient with a COPD exacerbation) often suffices.
3. Assessment of psychological well-being, comfort and general well-being is useful in all patients and is often feasible by telephone communication coupled with visualization through a window or by an electronic visit held by someone in PPE in the room. This part of the exam should be documented daily.
4. Communication of important topics (e.g., initial diagnostic and therapeutic plan, prognosis, goals-of-care or consents for procedures) generally should be done in person (not by electronic media).
5. Conservation of PPE and minimizing the risk of HCW exposure to Covid-19 is important.

	Initial evaluation – first 24 hours	Follow-up evaluations
Acute care team	<p><u>Hospitalist</u>: complete bedside examination of the patient</p> <p><u>Ward team</u>: An independent licensed practitioner* (plus one trainee if appropriate) performs a complete bedside examination of the patient.</p> <p>*Independent licensed practitioners include the primary attending, nurse practitioners and licensed, credentialed internal medicine physicians (other than the primary attending) who are working on the acute care or ICU team during this pandemic</p>	<p><u>Hospitalist</u>: focused bedside examination every 24 hours. For stable patients, the daily evaluation can be done through a window or electronic media with video and audio functionality (e.g., smart phone or e-pad).</p> <p><u>Ward team</u>: A team member performs a focused bedside examination every 24 hours; phone or e-pad should be used by other team members who wish to observe the exam. However, for stable patients, daily examination (documenting general appearance and psychological well-being) should be done by smart phone or e-pad or in the room but at a distance. Communication of plans to the patient and answering questions may be done electronically (see principle 4).</p>
ICU team	<p><u>ICU team</u>: An independent licensed practitioner (plus one trainee if appropriate) performs a complete bedside examination of the patient. An attending intensivist may watch the exam and interview electronically.</p>	<p><u>ICU team</u>: A team member performs a complete bedside examination every 24 hours; smart phone or e-pad should be used by other team members who wish to observe the exam. Communication of plans to the patient and answering questions may be done electronically (see principle 4).</p>
Consulting team	<p>Attending performs a bedside examination if necessary to provide recommendations. If bedside examination is not necessary, then the evaluation should be done phone/iPad/window.</p>	<p>If a bedside examination is necessary to provide recommendations, a team member performs a focused bedside examination every 24 hours; smart phone or e-pad should be used by other team members who wish to observe the exam. If bedside examination is not necessary for decision-making, then the evaluation should be done by smart phone or e-pad. Communication of recommendations to the patient and answering questions may be done electronically (see principle 4).</p>