00:29:53 Conor Sullivan: Dear Colleagues,Welcome to the Geriatric Emergency Department Collaborative,Äôs Webinar, COVID-19 in Older Adult: Key Points for ED Providers

00:32:33 Conor Sullivan: Here is the URL for the Geriatric Emergency Department,Äôs website (https://gedcollaborative.com/)

00:32:40 Irene Silvernail: San Antonio Texas

00:32:47 maaret castren: maaret from Finland

00:32:47 Alexandra Nothern: Boston

00:32:48 Luis: Dallas, Texas

00:32:49 Rebecca Schonnop: Alberta, Canada

00:32:53 tess hogan: chicago

00:32:54 S Brandt: Illinois, US

00:32:55 Rebecca Heath: Tasmania

00:33:01 Chase Smith: Fayetteville, AR

00:33:02 Sangil Lee: Iowa City

00:33:10 Ula Hwang: New York

00:33:13 brunilda lopez: from nortthport, ny long island

00:33:22 tess hogan: yes will cover pal care

00:33:51 900190088: San Diego , california

00:33:58 Blair Adamczewski: Tasmania

00:33:59 Cynthia Leavelle: Decatur, IL

00:34:16 tess hogan: Tasmania is wonderful!

00:34:40 Rebecca Effrein: joining from Little Rock, Arkansas

00:34:58 Conor Sullivan: Check out the GEMCAST on critically ill COVID-19 patients with an intensivist from Mt Sinai. It is here:https://gempodcast.com/2020/03/23/covid-icu/

00:34:59 Patricia Muster: Pat from Albany NY

00:35:03 Christopher Toney: Jackson, Mississippi

00:35:33 Conor Sullivan: Today,Äôs webinar is being recorded. Webinar RECORDING & SLIDES will be available in a link you,Äôll receive via email after the webinar.

00:37:03 Conor Sullivan: Check out COVID Resources on the GEDC website later today. https://gedcollaborative.com/resources/ where you will be able to find the presentation slides upon conclusion of today,Äôs webinar.

00:40:04 Don Melady: you can use #GeriED #COVID-19

00:43:20 Don Melady: From Eddy Lang: Should all transers to ED from assisted living or LTC facilities be considered as R/O COVID even if no outbreaks or COVID +ve cases reported in the facility?

00:44:45 Kevin Biese: I don,Äôt think all transfers should be considered rule out COVID. Given limited testing supplies, and long turn around times of tests, without symptoms suggesting COVID probably not feasible at this time.

00:45:36 Kevin Biese: Having said that a low threshold of COVID concern is important for SNF and ALF residents given risk of transferring COVID back to SNF especially if COVID not identified.

00:46:21 Kevin Biese: Should we have a different fever threshold in older adults? If so what should constitute a fever in older adults?

00:47:40 Kevin Biese: A good tool for guiding COVID discussions with patients and families can be found at vitaltalk.org

00:51:28 Don Melady: Our long-term care ED transfer key points ,Äî reminded everyone ,Äî EDs and LTCHs/SNFs ,Äî about the importance of addressing and re-addresxing advanced care plans for EVERYONE (not just LTCHS residents) at this time when everything has changed

00:52:43 tess hogan: Vital talk is a great resource with scripts talking points and standardize comforting statements providers can make to comfort patients and families

Ôªøhttps://www.vitaltalk.org/guides/covid-19-communication-skills/?referringSource=articleShare

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00:53:31 tess hogan: Tests are NOT less sensitive by age

00:54:54 Conor Sullivan: Dr. Shenvi and Dr. Mathews - GemcastCheck out the GEMCAST on critically ill COVID-19 patients with an intensivist from Mt Sinai. It is here:https://gempodcast.com/2020/03/23/covid-icu/

00:55:11 Don Melady: I know that what Adam is suggesting at the moment ,Äî taking the time to interact with your nursing home colleague ,Äî both about the decision and value of transferring to the ED ,Äî and about who is suitable for return. This seems like a lot of time and work that we don,Äôt usually do but may be best for the patient AND for your hospital.

00:56:56 tess hogan: COVID-19 tests are new, and assessing their accuracy is challenging.

PCR tests may produce false negatives, failing to identify evidence of SARS-CoV-2.

Sometimes false negatives result from human error or problems with the procedure. Giving the test too early or late, for example, can lead to a false negative.

The accuracy of similar tests for influenza is generally 50,Äì70%.

00:57:03 Don Melady: Dr. Mathews ,Äî our hospital has essentially forbidden use of BiPAP for ALL patients at this point. Comments?

00:57:39 Kevin Biese: Great question Eddy - our next panelist will be addressing exactly that!

00:57:48 Don Melady: Eddy ,Äî Dr. Sanon will focus her talk on some resources to support ED folks in critical conversations.

00:58:36 tess hogan: is their any benefit to covering the patient,Äôs face and head with clear plastic during intubation? and woking with your hands under the plastic?

01:03:20 Kevin Biese: Re isolation - very important to triage before coming inside the ED - tent triage out in front of ED, augmented with teleproviders is key

01:03:40 Don Melady: Dr. Mathews ,Äî are there enough patients at your sites to make a separate part of the ED feasible that other patients cannot be cared for in ,Äî

01:05:14 Kevin Biese: Another good question: Eddy Lang 03:30 PM

Patients may want to know what their likelihood of surviving mechanical ventilation is - do we know what that looks like in non-frail elderly? Please ignore if it will be addressed.

01:05:41 Conor Sullivan: (Slide 23) Surviving Sepsis Campaign COVID19 Guidelines: https://www.sccm.org/getattachment/Disaster/SCCM-COVID-19-Infographics2.pdf?lang=en-US

01:07:29 Kusum Mathews: To respond to Don: Yes -- we have more than enough patients to have a COVID ED. This was built into the ED model of care about a week ago. There is also a tent outside and use of Express Care to help care for lower acuity patients. The tent in Central Park will open on Tuesday, per report.

01:07:44 Conor Sullivan: To help physicians and other health care providers discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment, the Department of Health has approved a physician and nurse practitioner order form (DOH-5003), Medical Orders for Life-Sustaining Treatment (MOLST) , which can be used statewide by health care practitioners and facilities. https://www.health.ny.gov/forms/doh-5003.pdf

01:10:22 Kusum Mathews: Re: procal -- we use it primarily to rule OUT concurrent bact infection (if low, we stop the abx). But when they get sicker in a few days, we will recheck to see if now they have developed a superinfection.

01:11:10 Kusum Mathews: Re: CRP -- this is part of the testing for the classic inflammatory cascade that we are seeing with COVID. The higher these inflammatory markers are -- the worse

off patients are. I don't know how these markers change with age.

01:13:22 Kevin Biese: Another important message - Ferdinando Mirarchi 03:42 PM

Please take caution not to misintepret the LW, MOLST or POLST. Many of these forms reflect a providers thoughts and not the patients. Many are highly discordant with what the patient believes they have agreed to.

01:14:05 Ula Hwang: For all audience members using the chat box, please be sure to address to "panelists and attendees" so everyone can see your questions and responses

01:14:45 Kevin Biese: I think the comment about not misinterpreting LW, MOLST, POLST reminds us all of the importance of discussing what these forms say with the patient and/ or family so you can ensure the forms are understood correctly

01:15:54 Ula Hwang: Consider the medications recommended by Dr. Sanon for symptom management. Many hospitals are running low on fentanyl and versed as these are being used up for RSI

01:16:15 Ferdinando Mirarchi: Goals of Care should be carefully addressed if there is a Living will or POLST present so as not to to misinterpret what is documented on paper. What his documented if often discordant with the patients wishes. The initial aspect of care they often agree to. Its the long term life support they do not.

01:16:24 Sue Harvey: Does the use of an electric fan cause problems with droplet precautions?

01:17:14 Kusum Mathews: Wu C et al. Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in Wuhan, China. JAMA Intern Med 2020 Mar 13; [e-pub]. (https://doi.org/10.1001/jamainternmed.2020.0994)

01:17:20 Don Melady: And the importance of re-addressing the previously expressed wishes when the person had multiple slowly declining chronic conditions ,Äî but now has highly mortal condition which may require extended ventilation. Many person may have re-adjusted their wishes ,Äî and need to be asked. That was one of the main messages of our SNF/LTCH paper ,Äî that it is essential to have these conversations anew.

01:19:42 Kusum Mathews: Re: Chris's question: When intubating (old or young) patients in ED, what is role of an isolation box around the patient,Äôs head? https://vimeo.com/401701163

01:19:48 Kusum Mathews: If you can get one, yes!

01:20:00 Kusum Mathews: Helps to minimize aerosolizaiton in theory

01:20:55 Chris Carpenter: About a dozen questions posted but only sent to panelists. I,Äôll re-type as many as I can so that

attendees can see them too. Question 1: Does a 1-page health literacy appropriate decision aid exist depicting risk of COVID-19 progression stratified by decile of life >age 60? Question 2: Does a 1-page health literacy appropriate decision aid exist depicting benefits (leave hospital to home) for intubating patients by decile >age 60 from the pre-COVID era? Question 3: How does an ED physician or nurse have a conversation with anxious families when inundated with patients (limited time to spend with any individual patient)? Can furloughed physicians come to the ED (or teleconference into the ED) to assist? Question 4: What are some of the atypical COVID-19 presentations from China, Korea, and Europe when the symptoms are non-respiratory? Falls? Confusion? Anorexia? What are the sensitivity/specificity of those symptoms for COVID-19?

01:21:24 marlena tang: Er doc here- worked last week and lot

01:21:32 Don Melady: If you have a specific question that you want to ask ,Äî now is your time!

01:21:41 Chris Carpenter: Question 5: Does the diagnostic accuracy of available COVID-19 vary by age-group? Is it less sensitive in older adults?

01:21:43 Blake Hardin: How should fever be defined in the older adult population (e.g. temperature parameters)?

01:21:43 maaret castren: thank you for sharing info!

01:22:18 Katren Tyler: On an anesthesiology call I was on yesterday, recommended against airway boxes. Focus on the basics of great airway skills. Boxes likely to make laryngoscopy more difficult and therefore decrease first pass success rate

01:23:05 Chris Carpenter: Question 7: Fred Mirarchi is listening and published series of TRIAD studies over last decade. How can ED misinterpretation of advanced directives that occur in the best of times (pre-COVID era) be avoided in the scary and chaotic era of COVID-19?

01:24:41 Ferdinando Mirarchi: There is a resuscitation Pause checklist published in TRIAD VI and VII in the journal of patient safety.

01:25:31 Chris Carpenter: Question 8 (for Kusum): Why PCT rather than CRP? Recent (March 2020) Academic Emergency Medicine diagnostic SR of viral URI vs. pneumonia demonstrated that CRP has superior accuracy. Furthermore, most hospitals lack PCT. If using PCT, what protocols do you use to rule-out pneumonia? When do you retest?

01:27:22 Maura Kennedy: British Geriatric Society recently issued new statement about delirium in the setting of COVID: because of the ease of transmission of COVID-19, "the risk of harm to others may exceed risk of harm to the individual and this may necessitate earlier use of pharmacological treatments for potentially risk behaviour" - thoughts?

https://www.bgs.org.uk/resources/coronavirus-managing-delirium-in-confirmed-and-suspected-cases

01:27:23 Ula Hwang: for the procalcitonin vs. CRP question: procalcitonin often normal in covid patients. CRP if high, then good indicator. elevated IL6 even more indicative of likely cytokine storm.

01:27:55 tess hogan: molecular tests by PCR depend on the organisms genome and therefore age of the patient does not matter. Serologic tests look for antibodies and therefore could clearly be affected by the patient,Äôs immune function and age.

01:28:24 Michael Malone: Journal of American Geriatrics Society just published a wonderful paper from Joseph Ouslanader describing the COVID-19 in long- term care. You can access it on the AGS website.

01:28:56 Michael Malone: Review the CDC website as well for best practice guide.

01:29:09 Conor Sullivan: Dear Colleagues,Thank you for participating in the Geriatric Emergency Department Collaborative,Äôs Webinar, COVID-19 in Older Adult: Key Points for ED ProvidersSome Links from Today,Äôs webinar:Vitaltalk https://www.vitaltalk.org/guides/covid-19-communication-skills/?referringSource=articleShare SCCM Surviving Sepsis Campaign COVID-19 Guidelines. https://www.sccm.org/disaster BMJ Best Practice. https://bestpractice.bmj.com/topics/en-us/3000168#important-update COVID at LTACHhttps://www.nejm.org/doi/full/10.1056/NEJMoa2005412?query=featured_coronavirus Check out the GEMCAST on critically ill COVID-19 patients with an intensivist from Mt Sinai. It is here:https://gempodcast.com/2020/03/23/covid-icu/(DOH-5003), Medical Orders for Life-Sustaining Treatment (MOLST) , which can be used statewide by health care practitioners and facilities. https://www.health.ny.gov/forms/doh-5003.pdfHere is the URL for the Geriatric Emergency Department,Äôs website (https://gedcollaborative.com/) Check out COVID

01:29:15 Fernanda Bellolio: Thank you for a wonderful presentation. Great speakers and panelists!

01:29:38 Katren Tyler: Scary thought about delirium and infecting others

01:29:42 tess hogan: Stay safe everyone!!!

01:30:03 charles stephens: Thank you all, be blessed and be safe!

01:30:21 Chris Carpenter: Thanks to everyone for joining! Will try to disseminate new data via @GeriatricEDNews

01:30:23 Kusum Mathews: For Chris: The PCT is suggested by our ID colleagues and in the SCCM guidelines. If it's not available at your shop or without quick turnaround, it ends up being a more clinical decision.

01:30:34 Brown-Manning: should essential staff still work around potentially ill patients prior to or without being tested...???

01:31:02 Ula Hwang: Congratulations panelists! and Thank you!!!