Consultants in Medical Oncology and Hematology

COVID-19 Hematolgic Asssessment and Intervention Care Plan

	Phase I	Phase II		Phase III	
Day	**1 to 3**	**4 to 7**	**8 to 10**	**11 to 20**	**21 to 40+**
Clinical Status	May experience some but not all symptoms - Low grade fever in 40% of cases, sore throat, headache, diarrhea, fatigue, altered taste and smell, decreased appetite	Possible continuation of fever, fatigue, muscle aches, chills, cough, mild chest pressure - or none of the above	Progressive cough, fatigue and respiratory distress, only 30% have fever, somnolence = silent hypoxia	Continued cough, progressive dyspnea and O2 requirements, renal, hepatic, cardiac, neurologic impairment, large vessel thrombosis	Patients slowly recover or expire, only 12-20% successfully weaned off mechanical ventilation
Typical Care Plan	**Consult PCP:** PCR testing (25% false negatives), **COVID-19 Positive Recommendations:** Self-isolate, monitor fever, pulse oximetry, take Tylenol. Report to ER for progressive difficulty breathing or other symptoms		**Admitted to hospital** oxygen, fluid management, antibiotics	**Admitted to ICU** oxygen, anticoagulation, steroids, Remdesivir, mechanical ventilation, ECMO, or convalescent plasma	**Recovery period**
CMOH Care Plan	**Outpatient Course:** **PCP referral of COVID-19 positive patient to hematology:** Baseline CBC, D-dimer, chem, LDH, CRP, CXR, and (procalcitonin if febrile). **If no contraindication, possible initiation of anticoagulation** (prophylactic, intermediate, or therapeutic dosing) depending on degree of D-dimer elevation + any of the following: abnormal CXR, transaminitis, or rising creatinine.	**Outpatient Course Day 7: Repeat labs: CBC, D-dimer, chem, LDH, CRP.** Continue anticoagulation (or possible adjustment based on D-dimer, chem, and LDH or radiographic results). **Possible initiation of steroids** (7-10 day course) for rising CRP, progressive respiratory symptoms, transaminitis, rising creatinine.	**Inpatient Care Plan:** Begin anticoagulation therapy with LMWH or UFH (if no contraindication) at time of admission. Initiate steroid therapy at time of admission (10 day tapering course of dexamethasone). Manage inpatient coagulation.		**Inpatient to Outpatient Transition**: Hematology follow-up with weekly labs, monitor symptoms, communicate and collaborate with primary and specialty care teams. Manage anticoagulation for 1-4 months post discharge depending on clinical course.
			Outpatient Care Plan (no admission): Continue anticoagulation and repeat labs on day 14 and 21. Discontinue steroids. Consider switching to oral anticoagulants on day 14 or 21 depending on clinical course.		Manage anticoagulation for 1-4 months depending on clinical course.