

# COVID-19 Evidence Bulletin

20<sup>th</sup> August 2020

Details of new guidance and evidence relating to the response to COVID-19. Please check SaTH, NHS and Government guidance in conjunction with these resources where necessary.

## Anaesthesia

### **Airway guidance for the endemic phase of COVID-19** [Faculty of Intensive Care Medicine; 2020]

[It is now apparent that SARS-CoV-2 and COVID-19 will remain endemic for some time. Improved therapeutics and a vaccine may shorten this period, but both are far from certain. Plans must be put in place on the assumption that for the next few years the virus and its disease will impact us and our patients.]

Available [here](#)

## Cancer Care

### **Managing cancer patients during the COVID-19 pandemic: An ESMO Interdisciplinary Expert Consensus** [Curigliano G. *Annals of Oncology*]

[Twenty-eight clinical statements to guide healthcare professionals and assist them in overcoming many of the clinical and technical obstacles related to diagnosis, risk assessment response assessment, surgical planning, radiation therapy and medical treatment]

Available [here](#)

### **COVID-19 and Patients With Cancer** [evidence summary from DynaMed]

Available [here](#). Last updated 18<sup>th</sup> August.

## Cardiovascular Care

### **Tocilizumab for giant cell arteritis (GCA) during the COVID-19 pandemic** [NHS England and NHS Improvement]

[In response to the public health emergency posed by coronavirus disease 2019 (COVID-19), NHS England and NHS Improvement have established a rapid policy development process to aid clinicians in offering best care and advice to patients with or at risk of COVID-19. This document sets out the recommendations for the use of tocilizumab in giant cell arteritis (GCA) in the context of COVID-19.]

Available [here](#)

### **Risk of severe COVID-19 disease with ACE inhibitors and angiotensin receptor blockers: cohort study including 8.3 million people** [Hippisley-Cox J. *Heart*]

[ACE inhibitors and ARBs are associated with reduced risks of COVID-19 disease after adjusting for a wide range of variables. Neither ACE inhibitors nor ARBs are associated with significantly increased risks of receiving ICU care. Variations between different ethnic groups raise the possibility of ethnic-specific effects of ACE inhibitors/ARBs on COVID-19 disease susceptibility and severity which deserves further study.]

Available [here](#)

## Coexisting Conditions

### **Guidelines recommend measures to manage acute and chronic conditions during the COVID-19 pandemic: updated** [evidence summary from BMJ Best Practice]

[BMJ Best Practice update. Further guidelines have been published to inform the management of patients with coexisting conditions during the COVID-19 pandemic.]

Available [here](#). Last updated 5<sup>th</sup> August.

## Delirium

### **How can healthcare workers adapt non-pharmacological treatment – whilst maintaining safety – when treating people with COVID-19 and delirium?** [evidence review from the Centre for Evidence-Based Medicine]

[COVID-19 can present with delirium, which may be severe and rapid. There is consistent evidence for non-pharmacological interventions to prevent delirium. Communication and care are compromised in COVID-19, by the need for PPE. Use of remote consultations may be necessary and is often feasible.]

Available [here](#)

## Diagnosis

### **A Systematic Review of CT Chest in COVID-19 Diagnosis and its Potential Application in a Surgical Setting** [Shao JM. *Colorectal Disease*]

[In surgical patients, CT chest should be considered as an important adjunct for detection of COVID-19 infection in patients who are symptomatic with negative RT-PCR prior to any operation. For surgical patients who are asymptomatic, there is insufficient evidence to recommend routine preoperative CT chest for COVID-19 screening.]

Available [here](#)

### **Systematic review with meta-analysis of the accuracy of diagnostic tests for COVID-19** [Böger B. *American Journal of Infection Control*]

[RT-PCR remains the gold standard for the diagnosis of COVID-19 in sputum samples. However, the combination of different diagnostic tests is highly recommended to achieve adequate sensitivity and specificity.]

Available [here](#)

## Dialysis

### **COVID-19 rapid guideline: dialysis service delivery** [NICE]

[The purpose of this guideline is to maximise the safety of patients on dialysis, while protecting staff from infection. It will also enable dialysis services to make the best use of NHS resources and match the capacity of dialysis services to patient needs if these become limited because of the COVID-19 pandemic.]

Available [here](#). Last updated 7<sup>th</sup> August.

## Drug Therapy

### **Efficacy of Corticosteroids in Patients with SARS, MERS and COVID-19: A Systematic Review and Meta-Analysis** [Lee KH. *Journal of Clinical Medicine*]

[To our knowledge, this study is the first comprehensive systematic review and meta-analysis providing the most accurate evidence on the effect of steroids in coronavirus infections. If not contraindicated,

and in the absence of side effects, the use of steroids should be considered in coronavirus infection including COVID-19.]

Available [here](#)

### **Rationale and evidence on the use of tocilizumab in COVID-19: a systematic review** [Cortegiani A. *Pulmonology*]

[There is insufficient evidence regarding the clinical efficacy and safety of tocilizumab in patients with COVID-19. Its use should be considered experimental, requiring ethical approval and clinical trial oversight.]

Available [here](#)

## **Patient Flow**

### **Hospital discharge and preventing unnecessary hospital admissions (COVID-19)** [Social Care Institute for Excellence]

[This guide discusses the lessons learned from hospital discharge and avoidance during the COVID-19 pandemic. It highlights challenges faced and good practice to prevent unnecessary admissions going forward.]

Available [here](#)

## **Paediatrics**

### **COVID-19 and Pediatric Patients** [evidence summary from DynaMed]

Available [here](#). Last updated 18<sup>th</sup> August.

## **Physiotherapy**

### **COVID-19: guide for rapid implementation of remote consultations** [Chartered Society of Physiotherapy]

[Practical advice for physiotherapists and support workers on how to implement remote consultations rapidly and efficiently.]

Available [here](#)

## **Rehabilitation**

### **Recovery From Severe COVID-19: Leveraging the Lessons of Survival From Sepsis** [Prescott HC. *JAMA*]

[Approximately 80% of patients hospitalised with COVID-19, and 60% admitted to ICUs, survive.

Viewpoint discusses possibility that survivors will experience persistent symptoms similar to those of post-sepsis syndrome, and reviews best practices for promoting recovery.]

Available [here](#)

## **Restarting Services**

### **Implementing phase 3 of the NHS response to the COVID-19 pandemic** [NHS England]

[This document includes: Urgent actions to address inequalities in NHS provision and outcomes; Mental health planning; Restoration of adult and older people's community health services; Using patient-initiated follow-ups as part of the NHS COVID-19 recovery; Finance: 2020/21 phase 3 planning submission guidance; COVID-19 data collections: changes to weekend collections.]

Available [here](#)

### **KnowledgeShare Evidence Alerts**

KnowledgeShare contains many updates on COVID-19 that can be accessed from the [KnowledgeShare website](#) without a password. If you'd like to receive these by email (along with updates on any other topics of interest) please complete the [form](#).

### **About this bulletin**

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