

COVID-19 Evidence Bulletin 28th September 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.

General

Coronavirus disease 2019 (COVID-19): Clinical features [evidence summary from UpToDate]
Available [here](#). Last updated 15th September

Coronavirus disease 2019 (COVID-19): Management in hospitalized adults [evidence summary from UpToDate]
Available [here](#). Last updated 23rd September

Dermatology

Dermatological Manifestations in Patients With SARS-CoV-2: A Systematic Review [Almutairi A. *Cureus*]

[Different types of dermatological lesions can occur in patients with SARS-CoV-2, most commonly erythema, urticaria, and varicella-like rash. Dermatological manifestations with SARS-CoV-2 can be misdiagnosed with other conditions. Further studies with robust design are needed.]

Available [here](#)

Drug Therapy

Drug treatments for covid-19: living systematic review and network meta-analysis [Siemieniuk, R et al. *BMJ*]

[Glucocorticoids probably reduce mortality and mechanical ventilation in patients with covid-19 compared with standard care, whereas hydroxychloroquine may not reduce either. The effectiveness of most interventions is uncertain because most of the randomised controlled trials so far have been small and have important limitations]

Available [here](#). Last updated 11th September

Emergency Care

What to do if your ED is becoming crowded again after the initial COVID period [Royal College of Emergency Medicine]

[Crowding is returning to Emergency Departments and there are significant concerns about how the situation is developing. Crowding remains a major threat to patient and staff safety, and it can only be tackled through clear and consistent system leadership, backed up by meaningful action. This element of 'Resetting Emergency Care' aims to support leaders to consider their current position, and work together in the face of this re-emerging problem]

Available [here](#)

Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score [Knight SR. *BMJ*]

[An easy-to-use risk stratification score has been developed and validated based on commonly available parameters at hospital presentation. The 4C Mortality Score outperformed existing scores, showed utility to directly inform clinical decision making, and can be used to stratify patients admitted to hospital with covid-19 into different management groups. The score should be further validated to determine its applicability in other populations.]

Available [here](#)

Haematology

Thrombocytopenia Is Associated with COVID-19 Severity and Outcome: An Updated Meta-Analysis of 5637 Patients with Multiple Outcomes [Zong X. *Laboratory Medicine*]

[Overall, the present comprehensive meta-analysis indicated that approximately 12% of hospitalized patients with COVID-19 have TCP, which also represents a sign of more severe illness and poor outcomes.]

Available [here](#)

Infection Control

Antimicrobial mouthwashes (gargling) and nasal sprays administered to patients with suspected or confirmed COVID-19 infection to improve patient outcomes and to protect healthcare workers treating them [Burton MJ. *Cochrane Database of Systematic Reviews*]

[MAIN RESULTS: We identified 16 ongoing studies (including 14 RCTs), which aim to enrol nearly 1250 participants. The interventions included in these trials are ArtemiC (artemisinin, curcumin, frankincense and vitamin C), Citrox (a bioflavonoid), cetylpyridinium chloride, chlorhexidine, chlorine dioxide, essential oils, hydrogen peroxide, hypertonic saline, Kerecis spray, neem extract, nitric oxide releasing solution, povidone iodine and saline with baby shampoo.]

Available [here](#)

Integrated Care

Realising the True Value of Integrated Care: Beyond COVID-19 [International Foundation for Integrated Care]

[Stronger and more resilient care systems and communities are better able to cope, respond and adapt to new challenges and crises such as the current COVID-19 pandemic. The future of health and care is integrated and the journey to achieve it must be accelerated through our response to COVID-19.]

Available [here](#)

Intensive and Critical Care

COVID-19 rapid guideline: critical care in adults [NG159] [NICE]

[The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources. On 3 September 2020, we added guidance on treatment with corticosteroids for people with severe or critical COVID-19]

Available [here](#)

Anaesthesia and critical care: guidance for Clinical Directors on preparations for a possible second surge in COVID-19 [ICM Anaesthesia COVID-19]

[The guidance outlines the key principles you should consider as you plan the changes that can be made to increase the availability of critical care facilities while protecting, as far as is possible, planned surgical activity and preserving training, while promoting and protecting the mental and physical health of healthcare workers during a second surge of COVID-19.]

Available [here](#)

Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review [Cumpstey AF et al. Cochrane Database of Systematic Reviews]

[We are very uncertain as to whether a higher or lower oxygen target is more beneficial in patients with ARDS and receiving mechanical ventilation in an intensive care setting. We identified only one RCT with a total of 205 participants exploring this question, and rated the risk of bias as high and the certainty of the findings as very low. Further well-conducted studies are urgently needed to increase the certainty of the findings reported here. This review should be updated when more evidence is available]

Available [here](#)

Obesity

Body Mass Index and Prognosis of COVID-19 Infection. A Systematic Review [Frontiers in Endocrinology]

[We performed a systematic review in order to investigate a possible association between body weight and prognosis among patients diagnosed with COVID-19.]

Available [here](#)

Effect of obesity and body mass index on coronavirus disease 2019 severity: A systematic review and meta-analysis [Obesity Reviews]

[We conducted a systematic review of observational studies to examine the effects of body mass index (BMI) and obesity (BMI \geq 30 kg/m²) on coronavirus disease 2019 (COVID-19).]

Available [here](#)

Paediatrics

Coronavirus disease 2019 (COVID-19)-related multisystem inflammatory syndrome in children (MIS-C): Clinical features, evaluation, and diagnosis [evidence summary from UpToDate]

Available [here](#). Last updated 25th September

Recovery and Rehabilitation

Systematic Review of Changes and Recovery in Physical Function and Fitness After Severe Acute Respiratory Syndrome-Related Coronavirus Infection: Implications for COVID-19 Rehabilitation [Rooney S. *Physical Therapy*]

[Physical function and fitness are impaired following SARS-CoV infection, and impairments may persist up to 1 to 2 years postinfection. Researchers and clinicians can use these findings to understand the potential impairments and rehabilitation needs of people recovering from the current COVID-19 outbreak.]

Available [here](#)

Restarting Services

Understanding and sustaining the health care service shifts accelerated by COVID-19 [The Health Foundation; 2020]

[This analysis explores what has enabled rapid shifts in the delivery and use of NHS services during the pandemic, and what will be needed to sustain beneficial changes in the future. Despite huge strain on the health care system, several factors have made rapid change possible, including: 'top-down clarity and bottom-up agency' by enabling local freedoms to implement changes within national guidelines; more time and permission for clinicians to innovate; support from regulators. 16 minute read]

Available [here](#)

Speech and Language Therapy

RCSLT policy statement: Transparent face masks [Royal College of Speech and Language Therapists]

[The Royal College of Speech and Language Therapists (RCSLT) has been lobbying for the introduction of transparent face masks over the past months. Progress has been made and the UK Government has confirmed that ClearMask™ is the supplier whose mask has been approved for use across the NHS and social care in England, Wales and Northern Ireland. RCSLT strongly advises that SLTs trial using the ClearMask™ before seeing their clients so that they can assess suitability and safety.]

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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