

COVID-19 Evidence Bulletin

9th October 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): Management in hospitalized adults [evidence summary from UpToDate]

Available [here](#). Last updated 6th October

Cancer

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

Available [here](#). Last updated 22nd September

Diagnosis

Thoracic imaging tests for the diagnosis of COVID-19 [Salameh JP. *Cochrane Database of Systematic Reviews*]

[The diagnosis of infection by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) presents major challenges. Reverse transcriptase polymerase chain reaction (RT-PCR) testing is used to diagnose a current infection, but its utility as a reference standard is constrained by sampling errors, limited sensitivity (71% to 98%), and dependence on the timing of specimen collection. Chest imaging tests are being used in the diagnosis of COVID-19 disease, or when RT-PCR testing is unavailable]

Available [here](#)

COVID-19 pneumonia: Diagnostic and prognostic role of CT based on a retrospective analysis of 214 consecutive patients from Paris, France [Guillo E. *European Journal of Radiology*]

[CT sensitivity increased after 5 days of symptoms. A disease extent > 25 % was associated with poorer outcome.]

Available [here](#)

Drug Therapy

Remdesivir for Adults With COVID-19: A Living Systematic Review for an American College of Physicians Practice Points [Wilt TJ. *Annals of Internal Medicine*]

[Review (4 RCTs, n=2,279) reports remdesivir improves recovery (absolute risk difference [ARD] range, 7% to 10%) vs. placebo and may result in a small reduction in mortality (ARD range, -4% to 1%), shorter recovery times but has little-no effect on hospital length of stay.]

Available [here](#)

Effect of Renin-Angiotensin-Aldosterone System Inhibitors in Patients with COVID-19: a Systematic Review and Meta-analysis of 28,872 Patients [Baral R. *Current Artherosclerosis Reports*]

[This is the largest meta-analysis including critical events and mortality data on patients prescribed ACEi/ARB and found evidence of beneficial effects of chronic ACEi/ARB use especially in hypertensive cohort with COVID-19. As such, we would strongly encourage patients to continue with RAAS inhibitor pharmacotherapy during the COVID-19 pandemic.]

Available [here](#)

Emergency Care

PATIENT First: Project reset in emergency medicine [Care Quality Commission]

[Patient FIRST is a support tool designed by clinicians, for clinicians. It includes practical solutions that all emergency departments could consider. Implementing these solutions supports good, efficient and safe patient care - for both adult and paediatric care. It also includes guidance for senior leaders at trust and system level]

Available [here](#)

Intensive and Critical Care

Development and validation of a prediction model for severe respiratory failure in hospitalized patients with SARS-CoV-2 infection: a multicentre cohort study (PREDI-CO study) [Bartoletti M. *Clinical Microbiology and Infection*]

[PREDI-CO score can be useful to allocate resources and prioritize treatments during the COVID-19 pandemic]

Available [here](#)

Anaesthesia and critical care: guidance for Clinical Directors on preparations for a second surge of COVID-19 [Faculty of Intensive Care Medicine]

[The guidance recommends that clinical leaders in hospitals continue to develop and stress-test staged plans for changes that can be made to increase the availability of critical care facilities while protecting, as far as is possible, planned surgical activity and – importantly – preserving training and promoting the mental and physical health of healthcare workers. The guidance covers five key categories, staff, space, stuff, systems and training]

Available [here](#)

Development and Validation of the Quick COVID-19 Severity Index: A Prognostic Tool for Early Clinical Decompensation [Haimovich AD *Annals of Emergency Medicine*]

[A significant proportion of admitted COVID-19 patients progress to respiratory failure within 24 hours of admission. These events are accurately predicted with bedside respiratory examination findings within a simple scoring system.]

Available [here](#)

Neonates

Clinical Features and Outcome of SARS-CoV-2 Infection in Neonates: A Systematic Review [Dhir SK. *Journal of Tropical Pediatrics*]

]The limited low-quality evidence suggests that the risk of SARS-CoV-2 infections in neonates is extremely low. Unlike children, most COVID-positive neonates were symptomatic and required intensive care. Postpartum acquisition was the commonest mode of infection in neonates, although a few cases of congenital infection have also been reported.]

Available [here](#)

Obesity

Obesity a predictor of outcomes of COVID-19 hospitalized patients - A systematic Review and Meta-Analysis [*Journal of Medical Virology*]

[This study suggests a significant association between obesity and COVID-19 severity and poor outcomes. Findings may have important suggestions for the clinical management and future research of obesity and COVID-19.]

Available [here](#)

Paediatrics

American College of Rheumatology Clinical Guidance for Multisystem Inflammatory Syndrome in Children Associated With SARS–CoV-2 and Hyperinflammation in Pediatric COVID-19 [Henderson LA. *Arthritis & Rheumatology*]

[Our understanding of SARS–CoV-2–related syndromes in the pediatric population continues to evolve. The guidance provided in this “living document” reflects currently available evidence, coupled with expert opinion, and will be revised as further evidence becomes available.]

Available [here](#)

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

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

Coronavirus disease 2019 (COVID-19): Multisystem inflammatory syndrome in children (MIS-C) management and outcome [evidence summary from UpToDate]

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

Recovery and Rehabilitation

Responding to COVID-19 and Beyond: Framework for assessing early rehabilitation needs following treatment in intensive care [Intensive Care Society]

[This framework includes the PICUPS tool, PICUPS data collection sheet and rehabilitation prescription documents.]

Available [here](#)

Covid-19 community rehabilitation: physiotherapy service delivery [Chartered Society of Physiotherapy]

[These standards cover community rehabilitation and physiotherapy care for adults of 18 years and over with Covid-19. The standards apply to anyone with rehabilitation needs who has or has had Covid-19. The standards are relevant to people at all stages of their Covid-19 recovery, their families and carers. This is whether their care is managed in community settings throughout or if they were admitted to hospital at any stage.]

Available [here](#)

Service development

Supporting implementation and improving evaluation of health and social care interventions and services during and after the Covid-19 pandemic [Applied Research Collaboration South London]

[An interactive resource to support the rapid implementation and evaluation of health and social care innovations, interventions and new services during, and after, the Covid-19 pandemic]

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

The COVID-19 Evidence Bulletin is prepared by Shrewsbury and Telford Health Libraries. Links to the full-text of items listed is provided where available, but if you need copies of any items where no full-text is available, please request them the [Article Request](#) form. Some items require an [NHS OpenAthens](#) account.

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