

COVID-19 Evidence Bulletin

23rd 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 19th October

Advance Care Plans

Covid-19: Hope for the Best, Prepare for the Worst – Advance Care Planning [Centre for Evidence-based Medicine]

Available [here](#)

BAME Community

COVID-19 Series: Resources on BAME healthcare [Royal Society of Medicine]

[The Royal Society of Medicine has published a list of resources on BAME healthcare during the COVID-19 pandemic. The dedicated webpage also includes a link to a webinar held earlier this year which explored the evidence behind how BAME patients are being disproportionately affected by COVID-19.]

Available [here](#)

Cancer

Coronavirus disease 2019 (COVID-19): Cancer screening, diagnosis, treatment, and posttreatment surveillance in uninfected patients during the pandemic [evidence summary from UpToDate]

Available [here](#). Last updated 9th October

Cardiovascular Care

Warfarin and other anticoagulants - monitoring of patients during the COVID-19 pandemic [MHRA]

[MHRA has published guidance following concerns over an apparent increase in the number of patients taking warfarin found to have elevated INR values during the pandemic; and reminds healthcare professionals and patients that continued close INR monitoring is crucial.]

Available [here](#)

Co-existing Conditions

Management of coexisting conditions in the context of COVID-19 [evidence summary from BMJ Best Practice]

Key points from guidance and position statements are summarised for each condition, and there is a link to the main BMJ Best Practice topic. This overview topic is continually reviewed and updated, and more conditions will be added to this list.

Available [here](#). Last updated 15th October

Severity and mortality of COVID 19 in patients with diabetes, hypertension and cardiovascular disease: a meta-analysis [de Almeida-Pititto B. *Diabetology & Metabolic Syndrome*]

[Diabetes, hypertension and especially cardiovascular disease, are important risk factors for severity and mortality in COVID-19 infected people and are targets that must be intensively addressed in the management of this infection.]

Available [here](#)

Convalescent Plasma

Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review [Chai KL. *Cochrane Database of Systematic Reviews*]

[OBJECTIVES: To continually assess, as more evidence becomes available, whether convalescent plasma or hyperimmune immunoglobulin transfusion is effective and safe in treatment of people with COVID-19.]

Available [here](#). Last updated 12th October

Diagnosis

COVID-19 pneumonia: high diagnostic accuracy of chest CT in patients with intermediate clinical probability [Brun AL. *European Radiology*]

[Concordances between two chest radiologists to diagnose or exclude a COVID-19 pneumonia in 319 consecutive patients with intermediate clinical probability were very good (kappa: 0.82; $p < .001$). • When compared with RT-PCR results and patient outcomes, the diagnostic accuracy of CT to identify COVID-19 pneumonia was high (AUC: 0.94 and 0.92).]

Available [here](#)

Drug Therapy

Remdesivir for the Treatment of Covid-19 — Final Report [Beigel JH. *New England Journal of Medicine*]

[In a double-blind RCT of intravenous remdesivir in adults (n=1062) hospitalized with Covid-19 and with evidence of lower respiratory tract infection. Those who received remdesivir had a median recovery time of 10 days (95% CI, 9 to 11), compared to 15 days (95% CI, 13 to 18) for placebo. The Kaplan–Meier estimates of mortality were 6.7% (day 15) and 11.4% (day29) for remdesivir compared to 11.9% (day15) and 15.2% (day29) for placebo (hazard ratio, 0.73; 95% CI, 0.52 to 1.03).]

Available [here](#)

Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19 [RECOVERY Collaborative Group. *New England Journal of Medicine*]

[An open-label RCT compared hydroxychloroquine (HCQ) to usual care for patients hospitalized with Covid-19. The HCQ group were less likely to be discharged from the hospital alive within 28 days than those in the usual-care group (59.6% vs. 62.9%; rate ratio, 0.90; 95% CI, 0.83 to 0.98). Among those not undergoing mechanical ventilation at baseline, the HCQ group had a higher frequency of invasive mechanical ventilation or death (30.7% vs. 26.9%; risk ratio, 1.14; 95% CI, 1.03 to 1.27).]

Available [here](#)

Emergency Care

Project reset in emergency medicine - Patient FIRST [Care Quality Commission]

[This resource shares practical examples from emergency department staff to help trusts harness the learning from the Covid-19 pandemic. The resource focuses on five key areas: flow, infection control, reduced emergency department attendances, staffing and treatment.]

Available [here](#)

Gastroenterology

An Update to AGIP Council Advice concerning GI Physiology Provision during the COVID-19 Pandemic [British Society of Gastroenterology]

[The AGIP Council is aware that much has changed since their initial advice was issued in May. AGIP continues to maintain that oesophageal manometry and pH measurement is an inherently aerosol generating procedure. AGIP acknowledges the recent advice issued by BSG for Endoscopy and recommend where appropriate aligning GI physiology procedures to those implemented by Endoscopy in your hospital.]

Available [here](#)

Endoscopy services during COVID-19 second wave [British Society of Gastroenterology]

[Endoscopy and other specialised services have begun to recover, but in most areas remain well below their pre-COVID capacity. Hospital admissions with COVID-19 have started to increase and a second surge appears to have already started. There is real concern that the already fragile endoscopy services may become even more stretched, risking further delays to the diagnosis and treatment of potentially serious gastrointestinal and liver disorders.]

Available [here](#)

Intensive and Critical Care

Coronavirus disease 2019 (COVID-19): Critical care and airway management issues [evidence summary from UpToDate]

Available [here](#). Last updated 13th October

Long COVID

A dynamic review of the evidence around ongoing Covid19 symptoms (often called Long Covid) [NIHR]

[This rapid and dynamic review draws on the lived experience of patients and expert consensus as well as published evidence to better understand the impact of ongoing effects of Covid19, how health and social care services should respond, and what future research questions might be]

Available [here](#)

Obstetrics and Gynaecology

Coronavirus (COVID-19) infection and pregnancy [RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Public Health Scotland]
Available [here](#). Last updated 14th October

Coronavirus disease 2019 (COVID-19): Prenatal issues and care [evidence summary from UpToDate]
Available [here](#). Last updated 20th October

Personal Protective Equipment

Mask management: Dry eyes and misty glasses [The College of Optometrists]
[The College of Optometrists has issued advice on how to wear a mask, maintain healthy eyes and see clearly. The guidance was published following an increase in people reporting eye discomfort while using face coverings. It includes simple steps to minimise eye discomfort in both text and video formats.]
Available [here](#)

PPE Info for Doctors [Shrewsbury and Telford Hospital NHS Trust]
Available on SaTH Intranet [here](#)

Prognosis

ANDC: an early warning score to predict mortality risk for patients with Coronavirus Disease 2019 [Weng Z. *Journal of Translational Medicine*]
[The prognostic nomogram exhibited good discrimination power in early identification of COVID-19 patients with high mortality risk, and ANDC score may help physicians to optimize patient stratification management.]
Available [here](#)

Surgery

Protecting surgery through a second wave [Royal College of Surgeons]
[Restoring elective services in the context of COVID-19 represents one of the most complex challenges that the NHS has ever faced. Following the suspension of non-urgent elective procedures earlier in the pandemic, planned surgery is now re-starting again in many parts of the country thanks to the extraordinary hard work and dedication of surgeons, their teams and colleagues across the health service. This survey of surgeons working in hospitals across the UK highlights the challenges]
Available [here](#)

Workforce

Workforce arrangements during COVID-19 [Shrewsbury and Telford Hospital NHS Trust]
Available on SaTH Intranet [here](#). Last updated 21st October

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.

For more information, please contact

Jason Curtis
Site Librarian
Shrewsbury Health Library
Learning Centre
Royal Shrewsbury Hospital
jason.curtis1@nhs.net
01743 492511

Louise Stevens
Site Librarian
Telford Health Library
Education Centre
Princess Royal Hospital
l.stevens@nhs.net
01952 641222 Ext. 4694 or Ext. 4440