COVID-19 Early Warning System (EWS)

The Early Warning System has been added to MedConnect to allow the Rapid Response Team to remotely monitor patients who are at risk for decompensation.

At this time, the EWS is **not** automated and requires the nurse to escalate to the primary team and/or the Rapid Response Team.

There are two moments at which the RN should escalate:

- The first occurs when the patient is experiencing mild to moderate hypoxemia.
- The second occurs when the patient is experiencing moderate to severe hypoxemia.

First Required Escalation:
The nurse **MUST NOTIFY** the primary team for additional orders/intervention if their patient meets the criteria below. If no response from the primary team, call the Rapid Response Team. Associates are always encouraged to call a Rapid Response if they are concerned about the status of their patient.

No Hypoxemia
RR <24
SpO2 >94%

No Desaturation with Ambulation

Anticipate Discharge Home

Minimal Hypoxemia

RR <24
SpO2 >92%
Desaturation with Ambulation

O2 Support with Provider Order: 0-2 L Nasal Cannula

Monitor Vital Signs per Provider Order or Unit Protocol

Mild Hypoxemia At Rest

RR <24
SpO2 92-94%

O2 Support with Provider Order:

2-6 L Nasal Cannula

Monitor Vital Signs per Provider Order or Unit Protocol

Moderate Hypoxemia At Rest

RR 24-28
SpO2 90-92%

O2 Support with Provider Order:

Non-Rebreather Mask

Monitor Vital Signs Q4 Hours**

Moderate to Severe Hypoxemia

RR >28
SpO2 <90%

Transfer Level of Care to IMC or ICU

O2 Support with Provider Order:

High Flow Nasal Cannula*

Monitor Vital Signs per IMC/ICU Protocol

Remember!

***Use of high flow nasal cannula (HFNC) should be administered in negative pressure rooms whenever possible with staff using N95 masks.**

Oxygen delivery must be documented with each set of vital signs and/or systems assessment. ACCURATE documentation of RR and SpO2 drive the Early Warning System.

**If there is evidence of altered mental status, oliguria, or hypotension at any time, call rapid response per unit protocol. Keep in mind transfer into negative pressure ICU room may take a few hours.

All patients on oxygen need an order for the oxygen delivery method (i.e. NC, NRB, HFNC)

All orders for oxygen require titration parameters and a goal oxygen saturation.

Second Required Escalation:
The nurse **MUST NOTIFY** the primary team for additional orders/intervention if their patient meets the criteria above. If no response from the primary team, call the Rapid Response Team. Associates are always encouraged to call a Rapid Response if they are concerned about the status of their patient.

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