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Predictive risk tests for clinical deterioration

Scientific Advisory Group COVID-19 Recommendations
novel coronavirus (COVID-19)

AHS' Scientific Advisory Group is connecting with clinicians, operational leaders, researchers and other experts to review emerging evidence and guidance of national and international bodies to provide information for focused areas of healthcare in relation to COVID-19. These resources are created to provide research informed advice to AHS physicians, staff, patients and families. Reports are updated frequently based on emerging evidence or concerns.

COVID-19 Resources for AHS Staff & Health Professionals

This material is for individual use only and not to be used for further dissemination.
Key Messages from the Evidence Summary

• COVID-19 patients present with a multitude of symptoms and assessing clinical deterioration in mild to moderate disease can be challenging in a primary care
  • Increasing dyspnea most common indicator of decompensation (not sensitive or specific)
  • Consider in person assessment, outreach or ED visit to measure O2 sats and vitals

• Use repeated clinical assessment (virtual or in person)
  • Structured questions and review of critical information in EMR (history, problem lists)
  • Clearly document symptoms, allowing an assessment of change over time

• Roth Score is not validated amongst COVID-19 patients
  • Mixed evidence whether it should be used for virtual assessment in primary care
  • Can be one component within a broader clinical evaluation (no validated tools predict hypoxia)
  • Consideration of trajectory of symptoms, patient characteristics (age and comorbidity)