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NHS Sheffield Clinical Commissioning Group

Sheffield Primary Care COVID-19 prescribing briefing: NICE Covid-19 rapid guideline: managing COVID-19 (NG191)

Introduction

NICE NG191 brings together the existing recommendations on managing COVID-19 for children, young people and adults in all care settings. The guideline includes recommendations on therapeutics and will be updated as new evidence emerges. The format is different from other NICE guidance as it is in MAGICapp for easy updating. The following sections are highlighted as relevant to primary care prescribing but specific links have not been added to ensure the most recent version is accessed; see link to recommendations index here.

Management in the community

Section 6.1 has recommendations on management of COVID-19 patients in the community, including management of symptoms (cough, fever, breathlessness, anxiety, delirium and agitation) and managing medicines.

Antibiotics (section 7.1): antibiotics should only be used if there is strong clinical suspicion of additional bacterial infection. Guidance is given in 8.4.2 on treating suspected or confirmed secondary bacterial pneumonia in the community; for antibiotic choices follow the recommendations in NICE NG138 antimicrobial prescribing guideline on community-acquired pneumonia.

Palliative care (section 10.2): medicines for end-of-life care. For more detailed local guidance, please refer to the palliative care section of the Medicines & Prescribing COVID-19 webpage.

Therapeutics for COVID-19

For patients with severe disease (section 5.1.1), the preferred pathway of care in Sheffield is for hospital admission as patients will have access to the most suitable route for oxygen, close monitoring and where indicated appropriate treatments. If, after an informed discussion with the patient/family/carers, admission to hospital is declined, it is recommended that the primary care clinician seeks expert advice from respiratory or infectious disease hospital specialists on the following therapies:

Corticosteroids (section 7.1): Oral dexamethasone, or oral prednisolone when dexamethasone cannot be used or is unavailable, is recommended for people with COVID-19 who:

- need supplemental oxygen to meet their prescribed oxygen saturation levels or
- have a level of hypoxia that needs supplemental oxygen but who are unable to have or tolerate it

Guidance is given on dosage and there is a patient decision aid to support shared decision making. Indirect evidence from non-COVID-19 patients indicates that hyperglycaemia may be an adverse effect of corticosteroid treatment. The British Geriatric Society has issued advice for the management of diabetic patients in care homes receiving oral corticosteroids; the management of older diabetic patients in their own homes should be carried out in the same way.
Oral corticosteroids are not advised to treat COVID-19 in people who do not need supplemental oxygen, unless there is another medical indication to do so, because of the risk of harm.

Note: NG191 does not cover the use of inhaled budesonide for community treated patients. For further details, refer to the COVID-19 Therapeutic Alert - Inhaled Budesonide for Adults (50 years and over) with COVID-19.

Venous thromboembolism (VTE) prophylaxis (section 8): patients with COVID-19 managed in hospital-led acute care in the community settings have an increased risk of VTE that is similar to patients managed in hospital and therefore they should receive the same care as those admitted to hospital. By 'hospital-led acute care in the community' NICE is referring to: Settings in which patients who would otherwise be admitted to hospital have acute medical care provided by members of the hospital team, often working with the patient's GP team. They include 'hospital at home' services and COVID-19 'virtual wards'. In Sheffield, we currently do not have 'virtual wards' as defined with input from hospital specialists. The virtual wards are for stepping patients down from hospital rather than managing patients prior to or instead of being admitted. Following discussion with the specialist, where the risk assessment indicates VTE prophylaxis is required, the low molecular weight heparin (LMWH) of choice in Sheffield is dalteparin subcutaneous injection. If the patient or their carer is unable to administer, the community nursing services will attend to administer; the primary care prescriber should provide details of dose, timing and length of treatment.

Prepared by: Hilde Storkes, Formulary Pharmacist, NHS Sheffield CCG
Heidi Taylor, Deputy Head of Medicines Optimisation, NHS Sheffield CCG
Approved by: Formulary Subgroup under delegated authority of Area Prescribing Group
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