

Hospital General information:

RE: General Hospital Information to be aware of as each hospital has its own policy and procedures, but there are similarities.

****All of these are options for you to be aware of so you can advocate as you decide.**

****Highly recommend in the event you do not have a plan of care or goals you should establish a plan with a physician or care team you trust. Or, hire your own personal advocate to help provide more specific advice for your situation.**

Patient Bill of Right- see the hospital home page.

Questions to be asked...

Do you have a “my chart” or “patient portal” to access your own medical records?

What is your diagnosis?

Do you know what you want for your own healthcare?

Who will make decisions for you in the event you cannot speak for yourself?

Do you have a physician that you trust and is giving you all your options?

Are you taking daily action for prevention to take care of your goals?

What is the plan of care to get you back to home safely?

If Diagnosis is COVID19

- This diagnosis can give many hospitals the ability to be immune from liability of treatment and cares.
- Many hospitals follow their own set protocol that relate to this diagnosis and many hospitals will not deviate from their protocol as there can be consequences for the physician if they write orders outside of that protocol
- Inflammation is a primary issue that needs properly treated with right medication, treatment options, and plan of care.
- Ask the physician if you have a diagnosis of ARDS (acute respiratory distress syndrome)

Steps of oxygen needs if have SPO2 below 90% and causes acute distress/Shortness of Breath.

Best status: Room Air

Regular oxygen via Nasal Cannula

Heated Hi Flow Nasal Cannula

Airvo Hi Flow Nasal Cannula

CPAP

BIPAP

Mechanical Ventilation

ECMO

Tracheostomy placement may be needed if intubated for a length of time.

Nutrition

- Hydration and calories are important.
- The ability to eat and drink by mouth is important.
- In the event respiratory status is not stable the airway needs to be protected for aspiration and further injury to the lungs and the physician may order place order to hold a regular diet.
- Nutrition can be provided in the following other ways if unable to eat and drink by mouth
 - IV Fluids can provide initial support
 - IV PPN via regular IV
 - IV TPN via central line
 - NG (nasal gastric)
 - PEG tube
- Nutrition/Dietitian Consult
- Daily weight (know admission weight, if only in bed make sure bed has been zeroed out, swelling can impact weight)

Access Lines

- Regular IVs (can be used for IV medications, IV fluids, PPN)
- Central Line (more invasive line this will require sedation for placement, but in the event regular IVs are not working this maybe needed for IV access, blood draws, TPN, etc.)
- Arterial Line (arterial blood gas lab draws and monitoring)

Type of Units in the hospital

- Emergency Department
- General Medical Floor
- Intermediate/TCU
- ICU/intensive care unit

TIP

- have main contact name and number on the white board in patient room
- have nursing station number to call when not at bedside
- have family/friend at beside as much as possible

Lay prone or on belly as much as possible. Yes, it may be uncomfortable to lay like this, but this tends to help SPO2 % stay at a more adequate level for recovery.

Keeping SPO2 92% or above.

Goal is to get to 4-5 liters of oxygen or back to room air.

If there is a drop in SPO2 please think about the following steps:

- check the pulse on to make sure is still on the finger to give proper numbers
- give time to recover if there was any activity that just occurred such as walking or moving around in bed
- slow down breathing, calming measures, positive words
- ask for breathing treatment

To be Discharged to home with oxygen:

- order for room air SPO2 test
- order for ambulation/walking SPO2 test
- results of room air or ambulation/walking SPO2 test if it is documented SPO2 % dropped below 88% most insurance will approve oxygen if physician writes this as a need for a discharge to home
- discharge planner will help get oxygen with a DME company for oxygen to be delivered to home and/or brought to hospital room on day of discharge
- make sure there is a back up tank of oxygen in case oxygen is run out
- make sure you have the DME company name and number so they can be contacted in the event there is a equipment need
- you can ask for extra tubing for home as that can help with mobility efforts around the home when needing to wear oxygen

Medications that are often offered with COVID diagnosis.

- patient has the right to refuse, take as ordered, stop taking if they had initial started taking it, and ask for alternatives
- FLCCC protocol or any other protocol outside the hospitals are often not even looked at so be prepared to know what you want the most to get started
- often times phrases that are used in the hospital: this is not apart of our protocol, not approved by FDA and/or CDC, not proven to be effective for COVID, will give no benefit

-eua remdesvir- This has in some cases shown to cause kidney, liver, and extra fluid accumulation and that can impact breathing with would require increased or continued oxygen support

https://doh.sd.gov/documents/COVID19/Remdesivir_EUA_FactSheet_ParentsCaregivers.pdf

-eua baricitinib- This medication is often given in conjunction with remdesivir or started as a treatment once the initial remdesivir medication has completed, This medication can cause immune suppression which can contribute to secondary infection that would need to be treated.

<https://www.fda.gov/media/143823/download>

- eua tocilizumab-“ should not be administered if patients have any other concurrent active infection”

<https://www.fda.gov/media/150321/download>

-Precedex- this often is told to the patient that it will help with anxiety, but can do the opposite of that and create for agitation and then that impacts breathing, This medication is often given prior or in prep for intubation.

<https://www.drugs.com/mtm/precedex.html>

Ask for Incentive Spirometer- Do this 10 times an hour while awake

<https://www.ncbi.nlm.nih.gov/books/NBK572114/>

Watch You Tube if she needs to know how to do this:

https://www.youtube.com/watch?v=RZweq_SKLTA

Here is the FLCCC hospital Guideline

<https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-MATHplus-Protocol-ENGLISH.pdf>

Nebulizer Budesonide 1mg every 4 hours, most hospitals if they do order this medication only start with mg BID. This helps in multiple ways or the lung lining.

<https://budesonideworks.com/validation-2/>

- See Validation and #9 to be really specific.

**Please note there are multiple protocols out there that may be a good fit for you and these should be followed by a physician you trust and that can use all options for your cares. Please, know that drug interactions, labs, safety measure are all important to have closely watched and cared for appropriately.*

Ask for a Vitamin D check to be added to her next lab draw.

Optimal levels are 90-120. Some physicians are giving option of doing at least 10,000iu x 7 days than 5,000 iu daily. Vit D3 is absorbed with fatty type foods.

Zinc isophore, 220mg daily.

Vit C or ascorbic acid is on the FLCCC protocol.

CBD gummies can be an option for anxiety

Melatonin 6-10mg twice daily. [Cleveland Clinic Researchers Use “Big Data” Approach to Identify Melatonin as Possible COVID-19 Treatment \(ccf.org\)](#), [COVID-19: Melatonin as a potential adjuvant treatment - PubMed \(nih.gov\)](#), [Melatonin and inflammation—Story of a double-edged blade - Hardeland - 2018 - Journal of Pineal Research - Wiley Online Library](#)

NAC has very high anti-inflammatory properties and works to raise glutathione which is depleted in Covid patients. If IV is a no and most the time it, is you can get NAC at Whole Foods. Can dose 2400-3000mg. [N-Acetylcysteine to Combat COVID-19: An Evidence Review \(nih.gov\)](#)

Glutathione If IV is a no and most the time it is you can get Liquid form at Whole Foods. The branding is important- Liposomal Glutathione by Quicksilver or Pure Encaps or ACN brand. Dose 15-18mg/kg in divided dose twice daily. [Endogenous Deficiency of Glutathione as the Most Likely Cause of Serious Manifestations and Death in COVID-19 Patients | ACS Infectious Diseases](#)

[Here's How Glutathione Fights Severe Inflammation Triggered By COVID-19 \(onlymyhealth.com\)](#)

[Why Do We Need Liposomal Glutathione? - Researched Nutritionals](#)

Chest Xray- do this if having changes in an increase in oxygen need.

Chest Cat Scan- needs to be completed if there is any thought that a blood clot is present in lungs (if has present blood clot ask to make sure patient is on therapeutic dose of blood thinner, typically lovenox SubQ they give or Heparin IV)

Lab Blood work to check on (this is not a full list, but ones that can give information about status of the current patient situation.

-WBC (if high or elevated this could be an indicator of a secondary infection that needs to be addressed)

-HBG (we want good blood count as this helps with oxygen in blood and we want to avoid anemia as many times they will be put on blood thinner to prevent blood clots and bleeding risk can occur)

-CRP (this shows inflammation and if significant it means there is work to get inflammation to come down as that will in turn decrease oxygen requirement need)

-BUN (if high/elevated can be indicator of being dehydrated)

-Creat (want to keep below 1.0, want kidneys to stay “happy” and not elevated)

-AST/ALT (these both are indicators of liver function, if high or elevated that there is some type of insult on them that needs to be resolved as this is the filter of toxins and we want it to work well)

-If have any temps over 100.4- they need to do blood, urine (if has a foley catheter), sputum culture (if possible, a sputum) a broad-spectrum antibiotic most likely will be on until culture results which can take up to 3 days to show no growth or growth of an infection that needs to be treated with a specific antibiotic. (This will also correspond with WBC lab)

-Ferritin lab

-Prolactin lab

Anticoagulation

-Lovenox being given SubQ is typical, D-Dimer needs to be checked and addressed with therapeutic dosing if indicated for treatment and prevention for blood clots, other blood clot medication maybe needed based on patient specific needs with physician orders. (please watch blood count at same time blood thinner is being given)

-blood clot prevention. If in bed all the time and not up ambulating in room, then while in bed they can put compression hose on. They look something like this. https://2.bp.blogspot.com/-9HTIOSH9vi0/TljVdRnSkXI/AAAAAAAAAD8E/KXi_J57khVg/s1600/008.JPG

These are some of the basics above as each person as their own hospital course that is specific to their plan of care. In the event the doctor is not helping you or ignoring request you have the option to fire the doctor and request another doctor or you can ask for a second opinion.

Other Topics:

Full Code- this provides that the patient is to get everything possible to resuscitate them in the event of crisis or is decompensating.

HCPOA- who is a Health Care Power of Attorney, if does not have one encourage one to get this document in place while they can make decision for themselves.

DNI- Do Not Intubate order can be established if the person has decided that in the event that incubation may be needed they have an order on file that says this is what the patient wishes are

DNR- Do Not Resuscitate

Hospice- there are criteria to meet for this order, in order to have hospice a DNR order physician will have to write.

**Each of the above topics there are longer conversations and information to provide, but these are things to be informed about as when a patient is in crisis is it important to know the options.*

If you are unhappy with the current hospital, you can transfer to a hospital that you would like, however, please be aware of these following things that would be needed for a hospital transfer.

-the current hospital will usually not check to see if another hospital will take the patient unless it is to a higher level of care reason. (Example: patient needed ECMO)

-there is not guarantee that patient will do well with transportation

-unknown if insurance will cover transport and/or a move to another hospital (be prepared as if it is one level of care hospital to the same type, they usually do not approve it)

-there has to be an open bed at the accepting hospital in order for transfer to be accepted

-there has to be a physician that will accept the patient to new hospital

-there are hospitals that do accept the FLCCC protocol just know that those are few and far between across the country

Tip: Most physicians are on a rotation so please know that if you get a physician, you really like take advantage of their great care as the next physician that may be covering the following 1-2 weeks, weekend, or holidays may not be a great.

Attorney Option

If the event that the hospital is still not doing the cares you want you have the option to find an attorney that will help file to the courts for the interventions that would like the hospital and physicians, nurses at the hospital to do as a right to try.

- you will most likely need at this point an outside physician to write the orders
- the patient will most likely need to be established and assessed by the ordered physician for the court order
- you may need to hire a licensed nurse in that state from outside the hospital to administer the medication via doctor order
- there will be a retainer fee (example: cost can be anywhere from \$2k-11K)
- find an attorney that has won cases

Going Public

-This may not be something you need to do, but this has been needed in some cases due to the poor care the patient as getting and they were out of options. Public pressure on the hospital can help in some situation.

*There is a risk with all of these options. Again, this is a general information to give you an overview of the wide range of things that may be needed. Your advocate can help support you the options or resources you need to pursue.

*The goal is to get the person in need out of the hospital asap stable and then further treatment options can be done as the hospital does have risk factors with medical errors and even hospital acquired infections.

*Also, please take note the caregiver, family, friends who are supporting the patient in hospital or will be doing caregiving when patient goes home needs to make sure they are staying healthy, boosting immune system, getting rest and sleep, and staying hydrated. This extra stress can cause issues and we recommend being very pro-active to avoid anyone else needing a hospital visit.