Hierarchy of Vulnerabilities/Risk Factors for Covid-19 for ARC:

NHS South London and Maudsley NHS Foundation Trust

The below conditions are all associated with a greater risk of complications if these patients get the virus.

Patients most at risk from Covid-19:

- **Cardiovascular Disease**
- **Diabetes**
- **Chronic Respiratory Disorders** (including asthma)
- **Hypertension**
- **Cancer and Immunosuppressed**
- **Patients who are obese**

Other groups to consider:

- Age (65+)
- Pregnancy & breastfeeding *(immunologic and physiologic changes which might make them more susceptible to viral respiratory infections)*
- Heavy smokers
- Patients on Clozapine (*Covid-19 infection overlaps with neutropenic sepsis and myocarditis*)

Factor:	Includes:
Cardiovascular Disease and Hypertension:	• Heart and circulatory disease • Cerebrovascular disease (problems with the blood supply to the brain, such as stroke) • Those currently receiving treatment for hypertension
Chronic respiratory Diseases:	• Chronic Obstructive Pulmonary Disorder (COPD) • Asthma • Cystic Fibrosis
Diabetes:	• Type 1 and Diabetic Ketoacidosis, which can present similar symptoms to Covid-19. • Type 2
Cancer and Immuno compromised patients	• Those patients receiving chemotherapy treatment. • HIV • Autoimmune issues including rheumatoid arthritis • Neutropenia

CONSIDERATIONS:

- Teams to identify 'higher risk patients' and complete care and management plan.
- Ensure all patients have their NEWs/Physical Health observations frequency reviewed in daily MDTs/Handover and documented on physical health screening tabs on ePJS.
- Ensure easy access to inhalers/insulin/self administered medication where possible.
- Ensure they have complied with annual flu vaccine and pneumococcal vaccine. Co-morbid influenza may make patients more prone to the more severe presentations of COVID-19.
- For those who routinely monitor their blood glucose, consider increasing BM testing as required and ensure diabetes care plans are reviewed and up to date.
- Keep patients hydrated and start food and fluid chart immediately.
- Keep promoting food intake despite loss of appetite (particularly in patients with Diabetes).
- MDTs to balance the medical, psychiatric and pharmacological risks of patients defaulting on treatment. To safely devise a management plan for this, which may include the need for intensive delivery of re-titration of medication (e.g. Clozapine) and blood test frequencies.
- Patients on the ward - if safe and appropriate offer patients longer duration of TTA's on discharge.

Specifically Community Settings:

- Consider the necessity of visits to these groups to reduce contact risks and ward follow ups.
- Ensure enough supply of medication in the event of self isolation.

In the event of a medical emergency, follow UK Resuscitation Council guidelines using PPE equipment