

The daily evidence digest collates recently released reports and evidence – provision of these links does not imply endorsement nor recommendation.

Ethics, remote assessment, use of mechanical ventilation in UK, management strategies in China

The New England Journal of Medicine featured three articles on the ethics and ethical governance of rationing ventilators during the pandemic, including a proposed organisational model for a triage committee to buffer clinicians from the distress of making decisions individually.

The Centre for Evidence Based Medicine published a rapid evidence review on assessing dyspnoea (breathlessness) by telephone or video.

An audit in the UK found that two thirds (132) of COVID-19 critical care patients had mechanical ventilation within 24 hours of admission.

Different management strategies tested in China's province have been described Heilongjiang Province (Figure 1).

Hyperlinks

[Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic's Front Line](#)

[Fair Allocation of Scarce Medical Resources in the Time of Covid-19](#)

[The Toughest Triage — Allocating Ventilators in a Pandemic](#)

[Are there any evidence-based ways of assessing dyspnoea \(breathlessness\) by telephone or video?](#)

[COVID-19 infection epidemic: the medical management strategies in Heilongjiang Province, China](#)

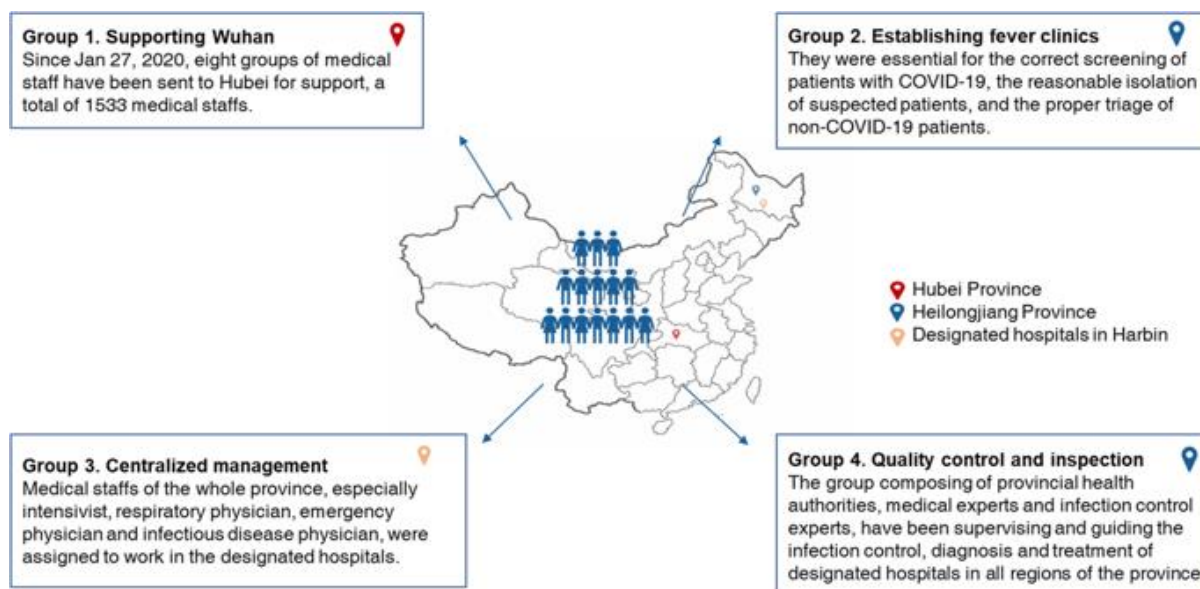
[Covid-19: most patients require mechanical ventilation in first 24 hours of critical care](#)

Twitter

In the last 24 hours there has been increased twitter activity with countries sharing their lessons from responding to COVID-19. We continue to track trending hashtags and scan activity from international organisations and leading experts daily.

Country	Lessons	Source
Italy	Develop a plan to coordinate organisational, clinical, technological and psychological aspects. Simple and concise tools, flow charts and checklists for what, when and how. Blanket testing.	@ISQua @bmj_latest
Spain (Madrid)	Divide the hospital into COVID-19 + and – units, convert day surgical units to non COVID-19 ICU and establish exclusion, contamination and support zones.	@mgalandejuaana
USA	Augment the workforce, increase outreach and establish project management office. Use baby monitors to minimise direct contact. Cancel elective surgeries. Reuse/extend use of N95 masks. Use data analytics and reporting for timely decisions.	@tedjamesmd @COPEHS

Figure 1: Reassignment of medical resources in Heilongjiang Province



Source: Wang et al. 2020