

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

### New guidance, cardiac patients, rapid EBM reviews, ED, telehealth

Following the release of guidance on systemic cancer therapy two weeks ago ([link here](#)), NICE has now published guidance on radiotherapy. It provides advice on communicating with patients with and without COVID-19; supporting staff, prioritising radiotherapy and modifications to usual care, including deferment and hypofractionation [click here](#)

Guidance has been released from various bodies on:

- endotracheal Intubation [click here](#)
- management of critically ill adults [click here](#).
- urological prioritisation during COVID-19 from USANZ [click here](#)
- risk minimisation, surgical urgency and prioritisation for gynaecological endoscopy and surgery from the RCOG / BSGE [click here](#)
- perioperative care of people with fragility fractures from the Faculty of Intensive Care Medicine [Click here](#)
- patient safety recommendations in the COVID-19 outbreak lessons from the Italian experience – released by ISQuA [click here](#)
- infection control in dental settings from the CDC [click here](#)
- disinfection for households with suspected or confirmed COVID-19 from the CDC [click here](#)

Two papers in JAMA Cardiology discuss associations between cardiovascular disease and COVID-19 outcomes [click here](#) and [here](#)

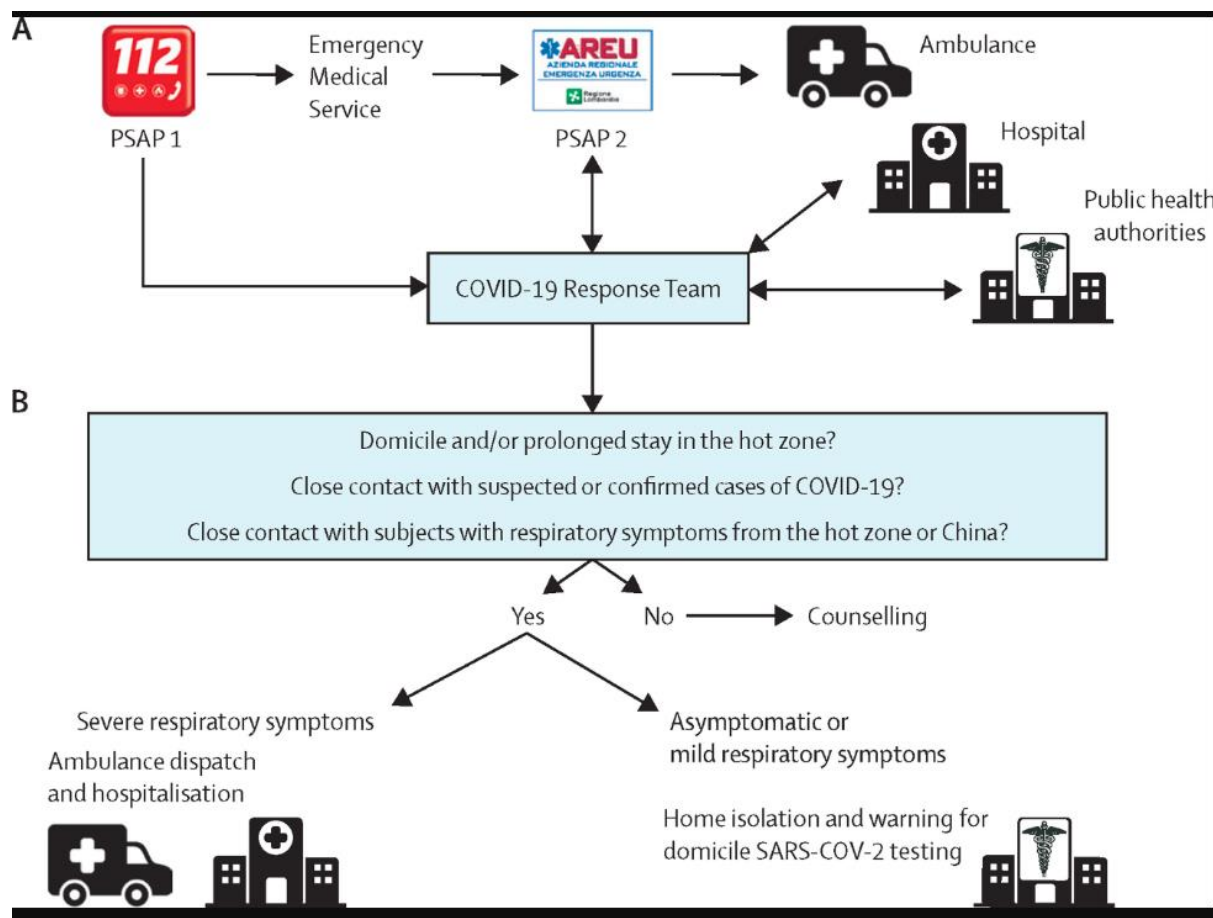
A letter to the Lancet described a model of care for COVID-19 Response Teams in Milan - consisting of 10 health-care professionals supported by two technicians [click here](#) (Figure 1)

New CEBM rapid reviews were released on COVID-19 viral load and the severity of COVID-19, chloroquine and hydroxychloroquine, accuracy of swabs for diagnosing COVID-19 and angiotensin converting enzyme inhibitors and angiotensin receptor blockers [click here](#)

Two articles focus on the emergency department (ED) – the first translates COVID-19 pandemic surge theory to practice in ED ([click here](#)) and the second on end-of-life care in the ED ([click here](#)).

Telehealth to increase the access to and quality of mental health services is considered [click here](#)

Figure1: Organisation and procedural algorithm of the COVID-19 Response Team



Source Spina et al, 2020

Twitter

Country	Organisational responses and lessons	Source
Italy	Recognise cognitive biases; avoid partial solutions (response needs to be orchestrated as a coherent system of actions taken simultaneously including reorganisation within the hospitals with COVID19 and non-COVID19 streams of care); collecting and disseminating data is important.	@HarvardHBS
Germany	ICU Plane will fly patients with COVID19 from Italy and France to hospitals in Germany	@AMedevac
US	Ventilator Supply Mitigation Strategies using alternative devices for patients requiring ventilatory support <a href="https://www.fda.gov/medical-devices/letters-health-care-providers/ventilator-supply-mitigation-strategies-letter-health-care-providers">https://www.fda.gov/medical-devices/letters-health-care-providers/ventilator-supply-mitigation-strategies-letter-health-care-providers</a>	@trishgreenhalgh
China	algorithm for ICU admission triage. <a href="https://annalsofintensivecare.springeropen.com/track/pdf/10.1186/s13613-020-00650-2">https://annalsofintensivecare.springeropen.com/track/pdf/10.1186/s13613-020-00650-2</a>	@trishgreenhalgh