

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

### Respiratory and diabetes guidance, infection control and underreporting

JAMA Network journals feature three articles:

- A review of pharmacologic treatments for COVID-19 [here](#)
- A viewpoint article on oncology practice during the pandemic [here](#)
- An investigation into the association between public health interventions and epidemiology in Wuhan, China [here](#).

A scoring system has been developed by surgeons in the US to support ethical and efficient management of resources and provider risk. The system integrates factors to facilitate decision-making and triage for medically necessary and time sensitive procedures [here](#).

Researchers from the US have proposed a model for evaluating underreporting of COVID-19 in various countries [here](#).

Evidence reviews have been published on:

- the use of masks by the general public to impede COVID-19 transmission [here](#)
- immunotherapy, immunoglobulins and plasma therapy [here](#)
- COVID-19 clinical presentation and management [here](#)
- managing supportive care needs, including symptom relief and psychological support [here](#).

NICE has released guidelines on community-based care of patients with chronic obstructive pulmonary disease [here](#), cystic fibrosis [here](#) and on dermatological conditions treated with drugs affecting the immune response [here](#).

Public Health England released:

- stepdown guidance on infection prevention and control precautions for patients recovering or recovered from COVID-19 in hospital [here](#)
- updated advice to ambulance staff, including cardiac arrest and patient handover [here](#)
- PPE (including approved use of disposable coveralls as an equivalent alternative to non-surgical disposable gowns [here](#)).

New or updated advice from Colleges and faculties includes:

- The Royal Australian College of General Practitioners published guidance on COVID-19 infection-control principles [here](#) and diabetes management during the pandemic [here](#)
- The Royal Australian and New Zealand College of Radiologists released position statements on artificial intelligence, appropriate use of CT; advising against routine chest CT scans on patients undergoing emergency surgery [here](#)

- The Cardiac Society of Australia and New Zealand updated its position statement on the management of cardiac electrophysiology and cardiac implantable electronic devices [here](#)
- The UK's Royal College of Pathologists published an algorithm for symptomatic staff and household testing [here](#)
- The UK's Royal College of Physicians released guidance on ethical dimensions for frontline staff managing resource allocations in hospitals [here](#)
- The Canadian Association of Emergency Physicians advised on point of care ultrasounds [here](#)
- General Surgeons of Australia developed a decision tree as part of their advice for general surgery [here](#)
- The UK Royal College of Obstetricians and Gynaecologists have updated their guidelines [here](#) including recommendations on prophylactic low molecular weight heparin to reduce risk of venous thromboembolism with COVID-19 infection in pregnancy, self-monitoring of blood pressure [here](#) and midwife-led births [here](#)

Diabetic Foot Australia and Australian Diabetes Society released the Clinical Triage Guide for People with Diabetes-related Foot Disease to help clinicians who are triage and provide care (Figure 1) [here](#)

Figure 1: Clinical triage guide for people with diabetes-related foot disease

LEMB & OR LIFE THREATENING STATUS	FOOT DISEASE CONDITION(S)	MAINTAIN USUAL TRIAGE PLAN	BEST PRACTICE CLINICAL CARE IN NON COVID-19 CRISIS	COVID-19 POTENTIAL IMPACT ON CLINICAL CARE
<b>CRITICAL</b>	<ul style="list-style-type: none"> <li>• Foot ulcer with systemic (severe) infection</li> <li>• Acute limb-threatening ischaemia</li> </ul>	Refer immediately to Emergency Department including for urgent surgical review	<ul style="list-style-type: none"> <li>• Hospital inpatient care</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital inpatient care</li> </ul>
<b>HIGHLY SERIOUS</b>	<ul style="list-style-type: none"> <li>• Foot ulcer with local (mild or moderate) infection (including osteomyelitis)</li> <li>• Chronic limb-threatening ischaemia</li> <li>• Acute or suspected Charcot foot</li> </ul>	Refer same day to Inter-disciplinary High Risk Foot Service (iHRFS) &/or if chronic limb-threatening ischaemia to a vascular specialist	<ul style="list-style-type: none"> <li>• Initial &amp; follow-up consultations to occur face-to-face</li> <li>• Frequency of consultation usually at least weekly</li> </ul>	<ul style="list-style-type: none"> <li>• Initial consultation to occur face-to-face</li> <li>• Follow-up consultations may be mix of face-to-face &amp; by telehealth*</li> <li>• Consultation frequency may be reduced</li> </ul>
<b>SERIOUS</b>	<ul style="list-style-type: none"> <li>• Foot ulcer without infection or ischaemia</li> </ul>	Refer to Inter-disciplinary High Risk Foot Service (iHRFS)	<ul style="list-style-type: none"> <li>• Initial &amp; follow-up consultations to occur face-to-face</li> <li>• Frequency of consultation usually each 1-2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Initial and follow up consultations may be mix of face-to-face &amp; telehealth*</li> <li>• Consultation frequency may be reduced</li> </ul>
<b>STABLE</b>	<ul style="list-style-type: none"> <li>• Healed foot ulcer</li> <li>• Healed amputation</li> <li>• Chronic Charcot foot</li> </ul>	Refer routinely to podiatrist (or to a similarly competent foot practitioner) for maintenance care	<ul style="list-style-type: none"> <li>• Initial &amp; follow-up consultations to occur face-to-face</li> <li>• Frequency of consultation varies from 1-6 months depending on the risk of acute foot disease and care</li> </ul>	<ul style="list-style-type: none"> <li>• Initial and follow up consultations may be mix of face-to-face &amp; telehealth*</li> <li>• Consultation frequency may be reduced</li> <li>• Home visits* may be considered</li> </ul>

LEGEND: \*Adapted from Rogers et al 2020. \*COVID-19 potential impact in terms of local COVID transmission and/or impacts on local staffing and resource availability may differ across jurisdictions.

**TELEHEALTH**  
Telehealth options may include telephone, store-and-forward clinical or radiological images, video call and other remote monitoring methods (e.g. foot temperature monitoring, step activity monitoring etc.). Telehealth can potentially be funded by Medicare, please refer to Medicare Telehealth items<sup>11</sup> HERE

**HOME VISITS**  
Clinician visits the patient's home to perform treatment. This can potentially be funded by under Medicare, please refer to Medicare Chronic Disease Management Items<sup>12</sup> HERE

**iHRFS**  
Inter-disciplinary High Risk Foot Service (or equivalent multiple disciplines that include at a minimum a doctor, nurse and podiatrist with direct access to a surgeon, all of whom are experienced in diabetes-related foot disease care).

Twitter

Between 10 and 13 April, three hashtags gained particular traction:

- #maskforall: ongoing discussion on efficacy of masks [here](#)
- #infodemic: discussion about the volume, accuracy and speed of information and changing advice on COVID-19 on the Internet and Twitter [here](#)
- #properPPE: a campaign initiated by the BMJ (@bmj\_latest) to source experiences and stories about personal protective equipment [here](#)