

DEXAMETHASONE: UPDATE FOR GPs
February 2021

Dear colleagues,

Firstly thank you very much for the outstanding care you have given to our nursing home patients over the past year in particular. This has been challenging for us in Primary care, as well as for the care home staff and their residents and families. We hope things will continue to improve in the near future.

Over the last several months there has been work going on looking at the treatments available for care home residents with Covid in NHSGGC. As you may know the RECOVERY trial was published in the summer of 2020 after the first wave of Covid19 sadly affected many care home residents. Whilst this trial did not have care home patients in the trial, it did have a number of patients who were of similar age and frailty. They reported on the use of Dexamethasone in Covid patients who were hospitalised with proven covid infection and who needed respiratory support. There has since been extensive discussions at the Covid Clinical Advisory group with representatives of secondary care and the LMC. As well as this we acknowledging the clinical advice from the Scottish Government in their document 'Supporting people with COVID-19 related illness in the community setting: Clinical management of those with moderate to severe illness'. We have attached both the conclusions of our discussions in the form of advice and also the Scottish Government Clinical advice. We have also enclosed a suggested care plan to be agreed between the GP and nurses.

We acknowledge that Dexamethasone is a treatment for covid 19 with the hope of cure when there is increased oxygen requirement, it is not given as supportive care in the palliative situation. As such we expect that this advice will therefore be limited to a small number of patients. We hope that this will emphasis the importance of early discussion with the patient and their loved ones regarding options for covid treatment in the nursing home versus admission to hospital if appropriate. If considering initiating supplemental oxygen and dexamethasone then this may be better done in a secondary care setting where routine monitoring of blood sugars in particular and support by secondary care teams experienced in using dexamethasone in frail elderly is readily available. However this may not be in each patients best interests or

wishes.

We have included this list below which is also in the advice document to help you to decide with the patient and their family if using dexamethasone in the nursing home setting is what they would like, accepting risks and benefits and if the nursing home are able to support this.

1. Patient is in a nursing home, not residential home (ie 24 hour presence of trained nursing staff)
2. Patient has moderate to severe covid symptoms (proven or strongly suspected) and is meeting criteria for oxygen use
3. Following care planning discussions on what is important to the patient it is decided that the preference is for care in the nursing home and not in the hospital setting
4. Patient and their family accept risks and benefits quoted in the RECOVERY trial (numbers needed to treat 25 and numbers needed to harm 8)
5. Care plan for access to and ongoing blood glucose monitoring agreed and completed with nursing home staff and GP
6. Care home has the equipment, training and capacity to meet the monitoring requirements (as detailed in the advice document), accepting in an outbreak or with staff shortages this may not be possible
7. Secondary care support can be sought via Respiratory and DME consultants prior to starting therapy and should complications, such as elevated blood sugars, arise.

Remember also that patients who are not for escalation to hospital who have increasing oxygen requirement may need a palliative approach.

Details of the monitoring equipment and access to this is detailed in the advice document.

We hope that this document will be useful. Thank you as always for all the hard work that continues to be done in this most challenging of winters.

Kerri Neylon

Deputy Medical Director (Primary Care)

On behalf of the Covid19 Primary Care Clinical Advisory Group