



COVID-19: ACC GUIDANCE FOR PATIENTS WITH CARDIOVASCULAR COMORBIDITIES AT A GLANCE

The COVID-19 clinical guidance from the American College of Cardiology (ACC) was reviewed and approved on March 6, 2020 and is available [online](#).¹ As the situation with COVID-19 is constantly changing, the information in this document may be outdated.

This infographic is based on the latest ACC communication on the available data. It is not intended to supplement, nor supersede, relevant guidance from international and local health authorities related to the COVID-19 outbreak.

TO BEST SERVE PATIENTS, FIRST PROTECT YOURSELF



TAKE RESPONSIBLE MEASURES
Wash hands often, use masks, gloves, and personal protective equipment with discipline



FREQUENTLY DECONTAMINATE COMMONLY TOUCHED DEVICES
Stethoscope, mobile phones and computer peripherals

MOST COVID-19 INFECTIONS ARE MILD

CASE FATALITY RATE

0.5 to 2.7%

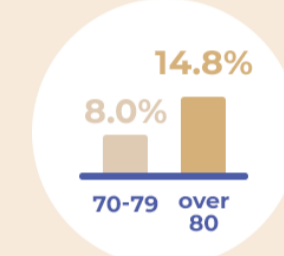
Case fatality rate remains low, and ranges from 0.5% to 2.7% (information is likely to change)

PREVALENCE OF MILD SYMPTOMS

80%

>80% of all infected patients experience mild symptoms and recover without intensive intervention

AGE AND CARDIOVASCULAR COMORBIDITIES ARE THE KEY RISK FACTORS FOR MORTALITY



AGE MATTERS

Case fatality rate rises to 8.0% among patients aged 70-79 and 14.8% in patients over 80



IMPACT OF CARDIOVASCULAR ISSUES

Case fatality rate for those with CV disease is higher than the average population at 10.5%

SUMMARY OF RECOMMENDATIONS FROM THE ACC: WHAT SHOULD YOU DO NOW?

PATIENT MANAGEMENT

ADVISE PATIENTS OF INCREASED RISKS



Encourage additional, reasonable precautions in accordance with CDC guidelines

ENSURE VACCINATIONS ARE CURRENT



Patients should have the pneumococcal vaccine (given the increased risk of secondary bacterial infection) and the influenza vaccine

HAVE PATIENTS LIMIT THEIR PUBLIC EXPOSURE



Implement telehealth visits instead of in-person visits for stable CVD patients

IN CASE OF CONFIRMED COVID-19 INFECTION



Patients demonstrating heart failure, arrhythmia, ECG changes or cardiomegaly should have echocardiography



Patients with heart failure or volume overload conditions should be carefully monitored when receiving copious fluid administration

PREPARING YOUR PRACTICE



COLLABORATE ACROSS DISCIPLINES

- Prepare to assist other clinical specialties when managing cardiac complications in severe cases of COVID-19
- Confer with critical care for patients requiring extracorporeal circulatory support with veno-venous (V-V) versus veno-arterial (V-A) ECMO



REDUCE TRANSMISSION OF INFECTIOUS DISEASE

- Educate members of the CV team on personal protection measures necessary for mitigating infectious diseases
- Train your CV team to adopt strict measures for donning/doffing personal protection appropriate in accordance with CDC guidelines



DEVELOP ACTION PLANS

- Quickly identify and isolate CV patients from other patients, including in the ambulatory setting
- Devise and rehearse (in collaboration with hospital-wide infectious disease response plans) CV-specific protocols for the diagnosis, triage, isolation, and management of COVID-19 patients with CV complications, especially in the context of AMI*

[READ THE FULL ACC GUIDANCE HERE](#)

Abbreviations :

ACC: American College of Cardiology, AMI: acute myocardial infarction, CABG: coronary artery bypass grafting, CDC: Centers for Disease Control and Prevention, COVID-19: Coronavirus 2019, CV: cardiovascular, CVD: cardiovascular disease, ECG: electrocardiogram, ECMO: extracorporeal membrane oxygenation, PCI: percutaneous coronary intervention

*These protocols should be done for AMI patients both with and without a COVID-19 diagnosis. Particular emphasis should be placed on acute PCI and CABG, including protocols to limit catheterization lab and operating room personnel to a required minimum. In extreme circumstances, clinical leadership may need to assess the risk-benefit ratio of AMI intervention against nosocomial infection risk.

Reference :

1. ACC Clinical Bulletin. COVID-19 Clinical Guidance For the CV Care Team. Reviewed and approved March 6 2020. Available online at: <https://www.acc.org/clinical/bulletins/PDFs-Focal-MS-Word-ecr/2020/02/2020028-ACC-Clinical-Bulletin-Coronavirus.pdf>. Accessed on 24 March 2020.