# COVID-19 Pandemic Basics

**Typical Presentation:**

|  |  |
| --- | --- |
| **F**ever |  |
| **A**bdominal Pain |  |
| **V**omiting/Nausea/Diarrhea |  |
| **O**lfactory/Taste Disorder |  |
| **R**hinorrhea  |
| **S**hortness of Breath |
| **C**ough |
| **N**asal Congestion |
| **S**ore Throat |

**Atypical Presentation:**

|  |  |
| --- | --- |
| **A**ppetite (↓) | **M**yalgia/Malaise |
| **B**lood Pressure (↓) | **D**elirium |
| **C**hills |  |
| **C**onjunctivitis  | **F**alls/**F**atigue |
| **H**eadache |  |
| **E**xacerbations |  |
| **A**cute Fxn Decline |  |
| **L**ethargy |
| **T**achycardia |
| **H**ypoxia  |
|  |

**Close monitoring needed due to risk of sudden acute decline associated w/ COVID-19**

**Guiding Principles:**

**Mild Illness**:

* Supportive Care & close monitoring (HIGH risk for acute decline)
* IMPORTANT to notify MD/NP as the treatment initiation in eligible residents is time sensitive to onset of symptoms (Paxlovid within 5 days, Fluvoxamine within 7 days)
* Advance care planning/Goals of Care discussion
* Tylenol (Fever/Pain)
* Monitor oral intake
	+ If reduced consider:
		- RD referral
		- Difficulty swallowing? 🡪 SLP referral?
		- Dietary supplement (Resource/Boost/Resource Diabetic)
		- Medication reduction
		- Hypodermoclysis

**Moderate to Severe Illness:**

* Potential investigations – CXR (pneumonia/CHF), Labs
* Review medications (may exacerbate acute kidney injury)
* Supplemental O2 (hypoxia)
	+ *IMPORTANT to notify MD/NP re. any change in oxygen requirements as this* ***guides treatment plan***
	+ Dexamethasone
* Antibiotics (suspected/confirmed pneumonia)
* Symptom management (NO nebulizers)
* Ongoing GOALS OF CARE discussion
	+ Decompensation despite treatment – MD/NP to address palliative vs hospital transfer

**Symptom Management/End of Life (EOL):**

* \*\*EOL Medication does **NOT** hasten death\*\*
* Pain (Hydromorphone)
* Dyspnea (Hydromorphone/Midazolam)
	+ Dyspnea is subjective – assess accessory muscle use and respiratory rate
* Restlessness (Haldol)
* Constipation (PR suppository) – **goal 1 BM/1-2day**
* Fever (PR Tylenol)
* Terminal Secretions (Scopolamine/Glycopyrrolate)
* Medication reduction (Discontinuation of oral medications)
* Grief
* Spiritual Care
* Compassionate Visits

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**Severity of Symptoms:**

**Mild:**

* Fever
* Mild SOB
* Mildly reduced oral intake
* SpO2 > 92%
* SpO2 > 88% (Hx of COPD)

**Moderate:**

* SpO2 < 92%
* SpO2 < 88% (Hx of COPD)
* Hypoxia requiring supplemental O2
* Respiratory symptoms (congestion/wheezing, tachypnea)
* Oral intake < 25-50%

**Severe:**

* Worsening despite supplemental O2
* Increasing O2 requirements
* Respiratory distress
* Dyspnea/SOB
* Unstable vital signs
* Severe reduction in oral intake