

COVID-19 Basics

Typical Presentation:

Fever
Abdominal Pain
Vomiting/Nausea/Diarrhea
Olfactory/Taste Disorder
Rhinorrhea
Shortness of Breath
Cough
Nasal Congestion
Sore Throat

Atypical Presentation:

Appetite (↓)	Myalgia/Malaise
Blood Pressure (↓)	Delirium
Chills	
Conjunctivitis	Falls/Fatigue
Headache	
Exacerbations	
Acute Fxn Decline	
Lethargy	
Tachycardia	
Hypoxia	

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

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