COVID –19 Care Plan— for internal team member use

Teach the Patient
(use the managing COVID-19 at home Action Plan)

- **Stay home, isolated from others within your home**
- No visitors except healthcare workers
- If you must see a doctor, call ahead and let them know
- Wash hands frequently-soap and water for at least 20 seconds or use an alcohol based sanitizer that is at least 60% alcohol
- Avoid touching your eyes, nose and mouth with unwashed hands
- Cover your mouth and nose with a tissue when you cough or sneeze, discard the tissue in the lined trash can, then immediately wash hands
- Wear a face mask when around other people and pets-anyone near patient needs to wear a face mask
- Use a separate bathroom and sleeping area, if possible
- Do not share personal household items, such as: dishes, cups, eating utensils, towels, or bedding with people or pets. After use-wash these items.
- Clean all "high touch" surfaces every day, such as: counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables, etc. Use household cleaning spray or wipe according to label instructions
- Take medication as prescribed
- Rest and monitor symptoms
- **Discontinuation of isolation**-follow your provider's orders, some typical guidelines: No fever for 3 days (3 full days of no fever without medicine), other symptoms have improved (cough and shortness of breath), and at least 10 days have passed since your symptoms first appeared

COVID-19 Care Plan
For the Team Member:
- **Schedule COVID patient visits at the end of the day so as to not potentially contaminate other patients**
- **Perform patient pre-screening questions prior to your visit**
- **Only take required equipment into the home**
- Maintain personal hygiene for yourself and the patient
- Limit physical contact, practice social distancing when possible with patient/family within the home
- Self care to reduce anxiety and stress

For the Patient:
- Closely monitor vital signs and symptoms
- Reinforce "Call Us First" messaging
- Follow orders for symptom management. Be proactive and anticipate what your patient will need for symptom control
- Medication and symptom education
- Consider supplemental oxygen, advocate and obtain orders if needed
- Consider IV hydration if warranted
- Dietary needs to promote hydration and high protein caloric intake (supplements if applicable)
- Obtain orders for increased visits (front loading), and/or adding daily phone calls, and/or telehealth visits. These patients will typically need more frequent contact and case management to prevent hospital readmission/ ER needs. **Keeping COVID-19 patients safely at home, with adequate symptom control is absolutely necessary due to national pandemic volumes and potential hospital bed shortages**.
- Consider patient/family fears and Initiate MSW, SC, HHA if applicable
- Initiate PT/OT when patient is stabilized to regain strength
- Initiate ST for decrease in cognitive function

COVID-19 and PPE

COVID-19 PPE use guidelines should be adhered to if patient is positive for COVID19, has respiratory symptoms or fever and is in the process of testing for COVID-19, or should be tested if there was not a testing shortage (PUI)
- **Patient should wear a procedural face mask**
- **Employee:**
  - Gloves
  - Approved N95 or higher respirator mask. (Must pass fit testing). May re-use up to 5 times (see reuse guidance guidelines previously distributed)
  - If N95 masks are not available, use of a KN95 **with** a face shield is a suitable alternative
  - Eye protection and gown (especially if at risk of getting splashed or for aerosol procedures)
  - Follow strict bag procedure, use bag barriers
- **Donning/Doffing PPE:**
  - PPE should put on outside the home prior to entry (at minimum, the face mask/respirator should be put on before entering the home)
  - PPE should be removed outside the home upon exit and disposed in a plastic bag lined trash can outside that has been placed outside the home.
  - Perform hand hygiene immediately after removal/disposal of PPE
- Used/soiled gowns and gloves should **never** be returned to the team member's personal vehicle

COVID-19 and SEPSIS

- Patients with COVID-19 viral infection may develop sepsis
- COVID-19 patients may also develop secondary bacterial infection that leads to sepsis
- Virus + infection (from bacteria, parasite, fungus or virus) can lead to sepsis quickly
- Assess for sepsis risk factors such as age (very young or older adults), chronic disease, immune-compromising conditions
- When it comes to sepsis, remember "It's About **TIME**™." Watch for:
  - Temperature (could be higher or lower than normal)
  - Infection (monitor for s/s of infection)
  - Mental decline (confusion, sleepy, drowsiness)
  - Extremely ill (severe pain, discomfort, shortness of breath)
- Mortality from sepsis increases by as much as 8% for every hour that treatment is delayed
- If you suspect sepsis, call the physician ASAP

Post-Sepsis Syndrome:
- Post-COVID patients may experience similar s/s as post-sepsis syndrome (difficulty sleeping, nightmare, panic attacks, hallucinations, fatigue, joint pain, decreased cognitive functioning, depression, etc.)
- Monitor your patients for these s/s and initiate MSW, ST (for decrease in cognitive functioning), or other outpatient resources

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