



## Short-term care plan: Suspected or Confirmed COVID-19 In Aged Residential Care

Pt Name & NHI:

Start date:	Resident care need:	Updates/Evaluation:
<p><b>Goal 1:</b></p> <p><b>Symptom control of suspected/confirmed COVID 19:</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Dry Cough</li> <li>• Fatigue</li> <li>• Pain (Headache, muscle aches)</li> <li>• Shortness of Breath</li> <li>• Sputum production</li> </ul>	<p><u>Intervention:</u></p> <ul style="list-style-type: none"> <li>• <b>Fever</b> <ul style="list-style-type: none"> <li>○ Environmental cooling cares, avoid fans (droplet spread)</li> <li>○ Maintain hydration-frequent fluids (water/juice/lemon &amp; honey)</li> <li>○ Administer regular paracetamol as prescribed</li> <li>○ Continue hygiene cares and pressure area prevention as practicable</li> </ul> </li> <li>• <b>Dry Cough</b> <ul style="list-style-type: none"> <li>○ Honey/Lemon drinks may lessen cough frequency, while assisting with hydration.</li> <li>○ Low dose strong opioid may be utilised if accompanying dyspnoea</li> <li>○ Ventolin via spacer (if wheeze present). Nebulisers are <u>not</u> recommended</li> </ul> </li> <li>• <b>Fatigue</b> <ul style="list-style-type: none"> <li>○ Cluster and rationalise cares.</li> <li>○ Encourage maintenance of fluid intake</li> <li>○ Nutrition as desired- small, frequent meals may assist with lack of appetite</li> <li>○ Good sleep hygiene/rest.</li> </ul> </li> </ul>	

References: HSQC Frailty Guidelines; Zhou, Ting, Du, Fan , Lui et al (March 2020): Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan. [www.the-lancet.com](http://www.the-lancet.com); BPACNZ (2013) Cold season in primary care, Ministry of Health New Zealand COVID [www.health.govt.nz](http://www.health.govt.nz).

- **Pain** (headache, muscle aches)
  - Administer paracetamol as prescribed
  - Rest
  - Heat packs if suitable for muscle aches
  
- **Shortness of Breath**

Oxygen is usually not effective in managing shortness of breath at the end of life unless the patient is hypoxic. A combination of pharmacological and non-pharmacological measures can be effective.

  - Cluster and rationalise care
  - Promote rest, fluids, nutrition as desired
  - Positioning to allow optimum breathing such as sitting upright, using low tables with pillows for support for the resident to lean against
  - Low dose strong opioids
  - Anxiolytics if an anxiety component present
  - Ventolin via spacer (if wheeze present). Nebulisers are not recommended
  
- **Sputum production/Haemoptysis**
  - Maintain oral fluids to assist in loosening secretions

*\*Antibiotics/antivirals: there is currently no evidence antivirals/antibiotics are effective for treatment of COVID-19 associated pneumonia. However, this may change- seek GP advice on a case-case basis.*

**\*\* residents with health issues such as heart disease, chronic lung disease, high blood pressure, cancer or diabetes are at increased risk of COVID-19 becoming severe.**

**Severe COVID symptoms include**

- Increasing shortness of breath, fatigue
- Sepsis = confirmed source of infection + Fever >37.5 C or <36.0 C, RR>24/min, HR>100/min, systolic blood pressure <100, acute mental state change, high or low WCC,
- Signs of heart failure/kidney failure (pulmonary and peripheral oedema, low blood pressure, reduced urine output)
- Review previous vital signs to ensure these are new changes to the resident's condition
- Sepsis algorithm: [https://www.hqsc.govt.nz/assets/ARC/PR/Frailty\\_care\\_guides/Acute-deterioration.pdf](https://www.hqsc.govt.nz/assets/ARC/PR/Frailty_care_guides/Acute-deterioration.pdf)

**Other resident specific interventions:**

<p><b>Goal 2: Identify terminal symptoms of COVID-19, honour resident choices, maintain resident comfort</b></p>	<p>Intervention:</p> <ul style="list-style-type: none"> <li>• Monitor residents with possible/probable COVID-19:</li> <li>• Temperature, RR, HR daily and if symptoms worsen</li> <li>• Advise RN/GP/NP of worsening symptoms</li> <li>• Terminal signs of COVID include: Decreasing oxygenation - cyanosis, increased RR, decreased SaO2 (aka SPO2)</li> <li>• Heart failure: pulmonary oedema, peripheral oedema, shortness of breath, cough</li> <li>• General signs: decreased food/fluids, consciousness, changes in breathing patterns, resident not responding to comfort/active treatments</li> <li>• If ARDS/Heart Failure/Respiratory Failure occurs and End of Life (EOL) assessed as likely, commence Te Ara Whakapiri EOL guidelines.</li> </ul> <p><b>Other resident specific interventions:</b></p>	
<p><b>Goal: 3 Emotional Support and Communication of families/whanau/staff</b></p>	<p>Intervention:</p> <ul style="list-style-type: none"> <li>• Confirm primary contact of resident/EPOA</li> <li>• Employ communication plan with primary contact/EPOA</li> <li>• Ensure preferences for realistic care are explored, explained and documented</li> <li>• Re-assure resident and families/whanau that measures are being taken to maintain comfort and monitor for complications</li> <li>• Advise families/whanau of any visiting restrictions/special requests for visiting, offer alternative modes of communication/support if resident requires isolation</li> </ul> <p><b>Other resident specific interventions:</b></p>	

Thank you to Otago Community Hospice for allowing us to adapt this resource.

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