Primary care home monitoring of COVID-19 Delta Variant or undifferentiated respiratory illness

Amohia ake te ora o te iwi, ka puta ki te wheiao

Version 10 Jan 2022

Table of Contents

[Updates for this version 1](#_Toc93667614)

[Document Purpose 2](#_Toc93667615)

[INSTRUCTIONS 2](#_Toc93667616)

[Primary care providers – responsibilities 2](#_Toc93667617)

[GP Practice role 2](#_Toc93667618)

[Managing whānau / households 2](#_Toc93667619)

[Isolation Guidance 3](#_Toc93667620)

[Risk Stratification 4](#_Toc93667621)

[Table 1 Risk Stratification Assessment for Delta variant 4](#_Toc93667622)

[Patient Needs Identifier 5](#_Toc93667623)

[Pulse Oximeters 5](#_Toc93667624)

[Normal disease progression (diagram) 5](#_Toc93667625)

[Waikato’s Managed Isolation Facility – Amohia 6](#_Toc93667626)

[Care Plan 6](#_Toc93667627)

[Key Sector Contacts 7](#_Toc93667628)

[Weekends and holidays 8](#_Toc93667629)

[Test Data and Isolation Period and Contact Tracing 9](#_Toc93667630)

[Medications Management (including Budesonide) 9](#_Toc93667631)

[Other areas of Assessment / Support 10](#_Toc93667632)

[COVID-19 Monitoring Visits 12](#_Toc93667633)

Updates for this version

* Re-formatted, including table of contents
* Addition of isolation requirements information
* New email address for isolation breaches
* Addition of consumer video on how and when to use pulse oximeter (in Pulse Oximeters and also Key Contact list)
* Colour changes to facilitate black and white printing
* Defining this document as Delta strain specific. We can be sure that when Omicron strain becomes the predominant in the community, much of this will change.
* Funding update in GP Practice role.
* Admitting “close-contacts” to hospital in Managing whānau / households

# Document Purpose

This document is a guideline to help you navigate care for your COVID-19 positive patients. As with all guidelines, this does not replace good clinical decision-making but should help advise. The reasons for deviation from any clinical guideline should be well documented.

# INSTRUCTIONS

## Primary care providers – responsibilities

* It is the responsibility of the GP practice to give COVID-19 care to their enrolled population. If out of normal hours, it is important that a formal handover is given to other providers who are taking over care. This must include a phone number and/or daily-checked email to be used if and when clinical care is handed back.
* Even if the individual case is over their acute illness, they still require active follow-up (eg daily calls) until everyone in that whare is released from isolation. Also ensure that the members of each whare know how to access your care.
* It is the responsibility of practices to ensure in-boxes are seen daily, as COVID-19 positive results will increasingly be seen by GPs first and should trigger the initiation of clinical management that day.

## GP Practice role

* Try to identify the location of isolation as this may differ from the case’s usual residence.
* Your practice may occasionally be asked if you are prepared to take over the COVID-19 care of unenrolled patients and potentially enrol them. Whilst this is not a requirement, we suggest that this is an opportunity to engage with those who have not yet felt the benefits of having their own general practice and ask for some flexibility where possible.
* Consider holding a daily “covid huddle” with members of your team and any manaaki / support workers, to review cases.
* The current funding model for GP care of COVID-19 will continue for the foreseeable future.

## Managing whānau / households

* Isolation periods do not necessarily correlate with the clinical symptoms. Following the initial case investigation by public health, the Primary Care Response Unit (PCRU) will be passing on information to GPs about expected isolation periods and swabbing requirements, and ask this continues to be communicated to the patients that you are looking after. If you have significant concerns about the isolation of a household, please contact [**health.protection@waikatodhb.govt.nz**](mailto:health.protection@waikatodhb.govt.nz)
* Current guidance for isolation and swabbing requirements, updated as of 21 January 2022 – note this is likely to change if/when there is more widespread community transmission, which we anticipate to be predominantly the Omicron variant. Updates will be provided.
* **Please enquire if the whānau have everything they need to be able to safely isolate at their whare, until released from isolation. If not, then refer to “manaaki/welfare” by emailing** [**CSIQService@waikatodhb.health.nz**](mailto:CSIQService@waikatodhb.health.nz) **with details, ensuring that the address that the case is isolating at is communicated.**
* It is important to remember that if a whare has one COVID-19 positive case, the other members of that household should also be managed as if they have positive results. Funding does not require a COVID-19 positive result.
* If you are unable to contact a patient or whānau and **are concerned about their health**, please contact [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz) (preferably before 3pm). The PCRU will develop a plan in conjunction with Public Health Unit and try to make contact. However, if you have urgent concerns, then ringing St John’s to visit, needs to be considered. Ensure you document.
* There may be situations where the different members of one household are registered with different GPs from different practices. There is no one solution to this, but request that practices communicate with both the patients and the other practice and come to a solution that works for everyone, but avoids doubling up of work.
* If admitting a “close-contact” of a case to hospital, please make sure that this s clearly documented in the referral letter to reduce exposure risk of hospital staff.

## Isolation Guidance

* Cases: should complete **14 days** isolation, regardless of vaccination status and COVID-19 variant, and be free from symptoms for 72 hours prior to release.
* Close contacts in the household: (ongoing continuous exposure) must isolate for the duration of the case isolation PLUS complete an **additional 10 days** after their release, with negative day 5 and day 8 swabs, and be free from symptoms for 72 hours prior to release.
* Release: current responsibility for release confirmation in the Waikato still lies with the Public Health Unit, who will contact the case and/or household contacts after the required days in isolation have been completed.

***Testing for household contacts****:* *(irrespective of vaccination status)*

* Test immediately when case identified and on **case’s** **day 5**
* Test on **days 5 and 8 post case release**
* If symptoms develop at any time, get an additional test as soon as possible
* If a household contact becomes a case then the clock starts again for all remaining non-case household members
* Tests can be accessed via primary care providers (call ahead to book, remain red-streamed), or via community testing centres (remain in car, advise staff of contact status). Limited capacity exists to coordinate home-swabbing by referral.

## Risk Stratification

### Table 1 Risk Stratification Assessment for Delta variant

|  |  |  |
| --- | --- | --- |
| **Very high risk** | Higher Risk “Care 2’ | Lower Risk “Care1” |
| **“Manaaki Plus”** |
| **Unengaged / unenrolled with primary care** | Patients with any of the ***safety net flags*** below | No safety net flags |
| BMI > 30 (or 95 percentile for children) | BMI<30 Kg/m2 |
| Any age with medical comorbidities | No comorbidities |
| **Māori or Pacific ethnicity** |  |
| **Residing in emergency housing or no fixed abode** | Age >65 years | Age <65 years |
| Infants < 1month or prematurity less than 37 weeks in children aged younger than 2 years | High levels of health literacy and double vaccinated |
| **Complex whānau or housing situation** | Pregnant or within 6 weeks of pregnancy |  |
| English as a second language |  |
| **Consider referral to PCRU for increased support. Otherwise, care as per Care 2** | **Provide daily remote clinical care and pulse oximeter. Review more frequently if clinically indicated** | **National guidelines advise alternate day remote clinical care, but use clinical judgement to guide frequency** |
| ***Safety Net Flags*** |  |  |
| •      If NOT double vaccinated against Covid-19 for at least 7 days (aged 15yr+) | |  |
| •      Socially isolated (Lives alone, unable to connect with others through technology, little to no social network) | | |
| •       Lack of caregiver support if needed | |  |
| •       Inability to maintain hydration (Diarrhoea, vomiting, cognitive impairment, poor fluid intake) | | |
| •       Food/financial insecurity |  |  |
| •       Receive homecare support |  |  |
| •       Challenges with health literacy or ability to understand treatment recommendations or isolation | | |
| •       Unable to self-manage |  |  |

### Patient Needs Identifier

**Patient Identifier:**

|  |  |  |
| --- | --- | --- |
| **Manaaki Plus** | **Care 2** | **Care 1** |
| Consider referral to PCRU for increased social support. Otherwise, offer daily remote clinical care and pulse oximetry. Review more frequently if clinically indicated | Provide daily remote  clinical care and pulse oximeter.  Review more frequently  if clinically indicated | Provide alternate day remote clinical care |

## **Pulse Oximeters**

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| **Pulse oximeters** |
|  |
| These should be supplied to all households who have one or more patients in Care level 2 or Manaaki Plus. |
|  |
| [They are available from Logistics@waikatodhb.health.nz or 0272027868](mailto:Logistics@waikatodhb.health.nz) |
|  |
| **If you want one delivered directly to the patient’s address, please ensure that the patient’s current isolating address and NHI is attached.** |
|  |
| **If you wish to order for your practice, you may order up to 5 at a time** (but they are a limited resource) |
| There is a process being developed for the return of these devices.  For consumer video on how and when to use a pulse oximeter, go to <https://collabdigitalhealth.org.nz/> |
|  |

Normal disease progression (diagram)

Diagram

Description automatically generated

## 

## Waikato’s Managed Isolation Facility – Amohia

|  |
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| **Amohia** |
| This is the name for Waikato’s Managed Isolation facility. It is the Public Health Unit who decide which cases go into Amohia and when they are released. |
| Clinical care for Amohia is provided by Tui, but some GPs may choose to continue clinical care if they want (but should inform Tui of this) |
| Transport in to Amohia is organised by Amohia. |
| **Amohia duty nurse: 027 221 1518** |

## 

## Care Plan

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| **Care Plan**  **Initial consultation documentation should include the following (**funded)**:**   * Reassure ++ - patients and whānau will be anxious * Risk stratification (as above) * Clinical assessment of current symptoms * Illness course explained * Assess whether non COVID-19 health care is being addressed and social supports are being activated. * Information about hydration and comfort medications, as well as regular medications * Direction given to limit exertion and education provided about breathing * **Document likely location of isolation** * Liaise with public health unit and /or community quarantine facilities as needed. * Liaise with community pharmacist, if known * Patients can access free patient information on Health Navigator without using phone data https://www.healthnavigator.org.nz/health-a-z/c/covid-19-positive-community-care-topics/ * **Advice given on when and how to seek additional help with contact phone numbers, especially 0800 111 336 for out-of-hours concern** * Remember to document   **Follow-up consultations (**these are the regular calls to check on those people isolating) **documentation must include the following (**to be funded**):**   * Reassure++ * Any changes to initial consultation * Clinical assessment of current symptoms * Ensure that the household has enough welfare to see out their isolation period and if not, alert welfare   **6 week follow-up –** this is a funded follow-up visit. We recommend putting a recall in place and using this as an opportunity to establish a relationship with the poorly engaged, to not only check on their COVID-19 recovery and any long-term sequelae, but also to encourage the potential benefits of long-term engagement with their GP |

Key Sector Contacts

**Key Sector Contact Details**

* National C-ISQ Advice line **0800687647**
* Waikato Manaaki/welfare referrals [**CSIQService@waikatodhb.health.nz**](mailto:CSIQService@waikatodhb.health.nz)
* Pulse oximeter supplies [**Logistics@waikatodhb.health.nz**](mailto:Logistics@waikatodhb.health.nz)

**0272027868**

* Pulse oximeter consumer video <https://collabdigitalhealth.org.nz/>
* Inform public health of a case **078382569**
* Medical Officer of Health on call **021359650**
* Health Protection Officer on call **021999521**
* For concerns about isolation breeches

Contact Health Protection at [**health.protection@waikatodhb.govt.nz**](mailto:health.protection@waikatodhb.govt.nz)

* COVID Test Request team [Covidtestrequest@waikatodhb.health.nz](mailto:Covidtestrequest@waikatodhb.health.nz)
* **Urgent out of hours for patients** **0800 111 336**

**(Emergency consult)**

* **Hand-over of care for weekends**

**and holidays e-referral COVID-19 Community Service – Clinical Care Out of hours**

* Primary Care Response Unit (PCRU)
* Support for GPs with non-clinical

advice managing patients [**PCRU@waikatodhb.health.nz**](mailto:PCRU@waikatodhb.health.nz) or **027 275 2676 (8-4pm)**

* Amohia (managed isolation) duty

nurse **027 221 1518**

## 

## Weekends and holidays

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| **Weekends and holidays** |
| While some GP teams will manage their COVID-19 patients for the majority of the time, we also recognize that offering seven day a week care will not always be sustainable.  We have contracted both Emergency Consult and Tui Medical to take handovers from practices to do daily/alt daily calls. The provider is dependent upon both your PHO and your locality. We now have a specific e-referral form for handover of care. This form will automatically go to the correct after-hours provider for your practice. Please include a phone number and/or daily-checked email for clinical care to be handed back. This service is optional – you are under no obligation to hand-over your cases to these services and can make your own arrangements if preferred (however, you will need to organize your own referral processes). |
| cid:image001.png@01D7E850.FAECCE50 |
| If you are handing over work to another provider, please include: • Name, NHI, DOB, Address. • Contact numbers. (inc preferred method) • Date of symptoms started/positive swab • Significant PMH/DH • Current symptoms (mild/mod/severe) • Level of concerns (ie low risk/low concerns) **Please let your patients know they are being handed over, so it is not a surprise when they receive a call from a new provider.** |

## 

## Test Data and Isolation Period and Contact Tracing

Date of Positive Test 

Date of First Symptom       OR        No Symptoms 

End of Observation Period 

**Patient Isolation/Contact Tracing Education Checklist**

 Patient was contacted by Public Health after positive test result OR

 Patient has instructions on isolation and what this entails

**Home Equipment Inventory - Patient has or can borrow:**

  Pulse oximeter (NOTE: May direct to YouTube video on using pulse oximeter at <https://www.youtube.com/watch?v=ghUTSH-PYio>) or use patient information sheet

## Medications Management (including Budesonide)

**Medications**

Discuss with your local pharmacy to see if they are doing deliveries. Please mark on the prescription **“patient isolating C-Plus.”** This will trigger the pharmacy to know to deliver.

It is vital that the **current isolation address** of the patient is communicated to the pharmacy, as this may differ from their normal, registered address.

**Budesonide**

**Small and low powered studies have shown inhaled budesonide (Pulmicort) may have a modest benefit in reducing illness duration and need for admission. However, it may also slightly increased the risk of bacterial infection.**

If available, consider offering to patients who are within 14 days of onset of COVID-19 symptoms and are not taking other inhaled (excluding steroid replacement therapy for the steroid deficient) or systemic corticosteroids, and are either:

* aged 65 years or older, or
* any age with or suspicion of any of the following:
  + diabetes
  + heart disease and/or clinically significant hypertension
  + asthma or other clinically significant lung disease
  + immunocompromised
  + clinically significant hepatic impairment
  + clinically significant renal disease
  + active haematological or solid cancer currently under treatment
  + previous stroke with residual deficit or other chronic neurological problem
  + obesity

Dose: 800 microgram twice daily.

Duration of therapy: up to 14 days.

Due to world-wide demand, supply may become a problem. Only supply one inhaler per patient. Consider clinical review if further inhalers are requested.

Provide patient instructions on how to use a turbuhaler device (includes instructional video)

<https://www.healthnavigator.org.nz/medicines/b/budesonide-for-inhalation/>

Do not start inhaled budesonide/formoterol (Symbicort) in place of budesonide (Pulmicort) for this indication. The unnecessary LABA is likely to induce unwanted side effects.

Patients already using an inhaled corticosteroid for a different indication (either alone or in combination with long acting beta agonist [LABA]) should continue to use their regular medication and not switch budesonide.

## Other areas of Assessment / Support

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| **Other Areas of Assessment/Support** | | | | |
| **Area** | **Concern** | **Notes** | **Referral** | **Referred to** |
| **Mental health** | **Y N** |  | **Y N** |  |
| **Access to food** | **Y N** |  | **Y N** |  |
| **Access to caregiver** | **Y N** |  | **Y N** |  |
| **Access to needed supports** | **Y N** |  | **Y N** |  |
| **Financial concerns** | **Y N** |  | **Y N** |  |
| **Housing** | **Y N** |  | **Y N** |  |
| **Other** | **Y N** |  | **Y N** |  |

## COVID-19 Monitoring Visits

**Please note:** record SpO2 on your PMS using \SpO2. For Video on how and when to use a pulse oximeter, go to <https://collabdigitalhealth.org.nz/>

Assess current symptoms and change (better / worse). See symptoms / atypical symptoms

**Oxygen sats**, temp, pulse and BP depending on home equipment. Interpret self-monitoring results with caution in the context of your wider assessment.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Resp assessment | Cough | Temp | RR | **\SpO2** | HR | BP | GI / DVT / other symptoms | Hydration | Red flags / comments |
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Assessment[[1]](#footnote-1) :

1. Waikato DHB is taking a manaaki first approach. Ask the whānau if they have all that they need to be able to isolate at home. If there are concerns, contact [**CSIQService@waikatodhb.health.nz**](mailto:CSIQService@waikatodhb.health.nz)
2. Identify the location of their isolation (this might not be their home address)

* “Where are you today?”

1. Ask the patient to describe the problem with their breathing in their own words and assess the ease and comfort of their speech. Ask open ended questions and listen to whether the patient can complete their sentences:
   * “How is your breathing today?”
2. Ask Three Questions:
   * “Are you so breathless that you are unable to speak more than a few words?”
   * “Are you breathing harder or faster than usual when doing nothing at all?”
   * “Are you so ill that you've stopped doing all of your usual daily activities?”
3. Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions such as
   * “Is your breathing faster, slower, or the same as normal?”
   * “What could you do yesterday that you can’t do today?”
   * “What makes you breathless now that didn’t make you breathless yesterday?”
4. Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.
   * There is no evidence that attempts to measure a patient’s respiratory rate over the phone would give an accurate reading, and experts do not use such tests. It is possible, however, to measure the respiratory rate via a good video connection. More generally, video may allow a more detailed assessment and prevent the need for an in-person visit.

**Call Respiratory team on call** if the patient develops:

* severe shortness of breath at rest
* respiratory compromise
  + Talking with single words or short sentences
  + Pausing between sentences to catch their breath
  + Noisy breathing
  + Blue face or lips
  + Respiratory rate greater than 20 breaths per minute
* chest pain on breathing in or tightness in the chest
* new onset of confusion or becoming drowsy
* change in oxygen saturation (SaO2):
  + **Pre-COVID-19 SaO2 was greater than 94% or was unknown, then SaO2 trigger is less than 92%, or a drop of 3% or more from baseline**
  + **Pre-COVID-19 SaO2 was 94% or less, then SaO2 trigger is less than 88%, or a drop of 3% from baseline**
  + **Beware false reassurance from a stable SaO2. Clinical judgement is always most important.**
* unexplained heart rate greater than 100 beats per minute
* other factors indicating need for management in hospital
* **St John’s ambulance is free to patients with Covid-19**

**Discharging a Covid-19 patient from regular clinical follow-up**

1. After at least 14 days have passed and risk of deterioration is very low (resolution of acute symptoms), discharge the patient from regular clinical follow-up. Continue following up other household members based on the time course of their illness.
   * Explain recovery is gradual.
   * Recommend that unvaccinated or partially vaccinated patients have COVID-19 vaccination 4 weeks after recovery or, asymptomatic patients have vaccination 4 weeks after the first confirmed positive COVID-19 test, unless contraindicated.
     + The duration of protection from COVID-19 infection is unknown.
     + It is uncommon to become re-infected with COVID-19 within 6 months of infection, and the risk is further reduced by vaccination.
   * Ask the patient to have an in-person clinical review at 6 weeks after COVID-19 illness, irrespective of whether-or-not they have any residual symptoms (funded). Use this as an opportunity to engage the poorly engaged with the benefits of quality primary healthcare.
2. If the patient has ongoing symptoms, follow the [Post-COVID-19 Conditions (Long COVID)](https://midland.communityhealthpathways.org/783098.htm) HealthPathway.
3. Public Health or their authorised delegate will advise the patient regarding release from isolation.

**THANK YOU for all of your mahi**

1. [↑](#footnote-ref-1)