**Home monitoring of COVID-19**

**or undifferentiated respiratory illness**

Version 8 3/12/21

**INSTRUCTIONS:**

* This form is to be started when a patient needs monitoring at home for **respiratory symptoms or after they have received a positive result on a COVID-19 test** and will be monitored and managed by primary care. This is a guide only and still requires good clinical interpretation. Like with all guidelines, any deviation from the guidelines should be well documented along with the reasons why.
* 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 proper handover is given to other providers who are taking over care.
* 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 those who have not yet felt the benefits of having their own general practice and ask for some flexibility where possible.
* It is important the same form is used for each monitoring visit.
* **Consider holding a daily “covid huddle” with members of your team and any manaaki / support workers, to review cases.**
* Isolation periods do not necessarily correlate with the clinical symptoms. While it is the role of the GP to advise on isolation**, it is not the GP’s role to enforce or decide on when a patient is no longer required to isolate**. This is currently done by the Public Health Unit and it is their responsibility to inform the patient when they are no longer required to isolate.
* Manaaki/Welfare is mostly co-ordinated by the DHB, using our locality-based partners. However, if you have concerns, please email welfare at [CSIQService@waikatodhb.health.nz](mailto:CSIQService@waikatodhb.health.nz) with details.
* It is important to remember that if a whare has one COVID-19 positive case, you should begin care for the rest of the people living in that whare, irrespective of whether or not the others have a positive swab result. Funding does not require a COVID-19 positive result.
* If you are unable to contact a patient or whanau and are concerned about their health, please contact [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz) . 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 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.

Top of Form

**Risk Stratification**

|  |  |  |
| --- | --- | --- |
| Very high risk  “Manaaki Plus” | Higher Risk “Care 2’ | Lower Risk “Care1” |
| 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 whanau 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** | |

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| **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 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**

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**](mailto:Logistics@waikatodhb.health.nz) **or 0272027868**

While these belong to the DHB, it is recognised that their return to the DHB is not practical. We request practices do their best to retrieve these and keep them to use for future cases. The DHB also recognises that many of these devices may not be able to be returned.

Diagram

Description automatically generated

**Care Plan**

**Initial consultation documentation should include the following (**funded)**:**

* Reassure ++ - patients and whanau 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.
* Notify community pharmacist, if known
* link to reliable on-line advice

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**
* 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

**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 both check on their COVID-19 recovery and any long-term sequelae, as well as encouraging the potential benefits of long-term engagement.

**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**

* 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 **2764ProtectH@waikatodhb.govt.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 difficulty

managing patients [**PCRU@waikatodhb.health.nz**](mailto:PCRU@waikatodhb.health.nz)

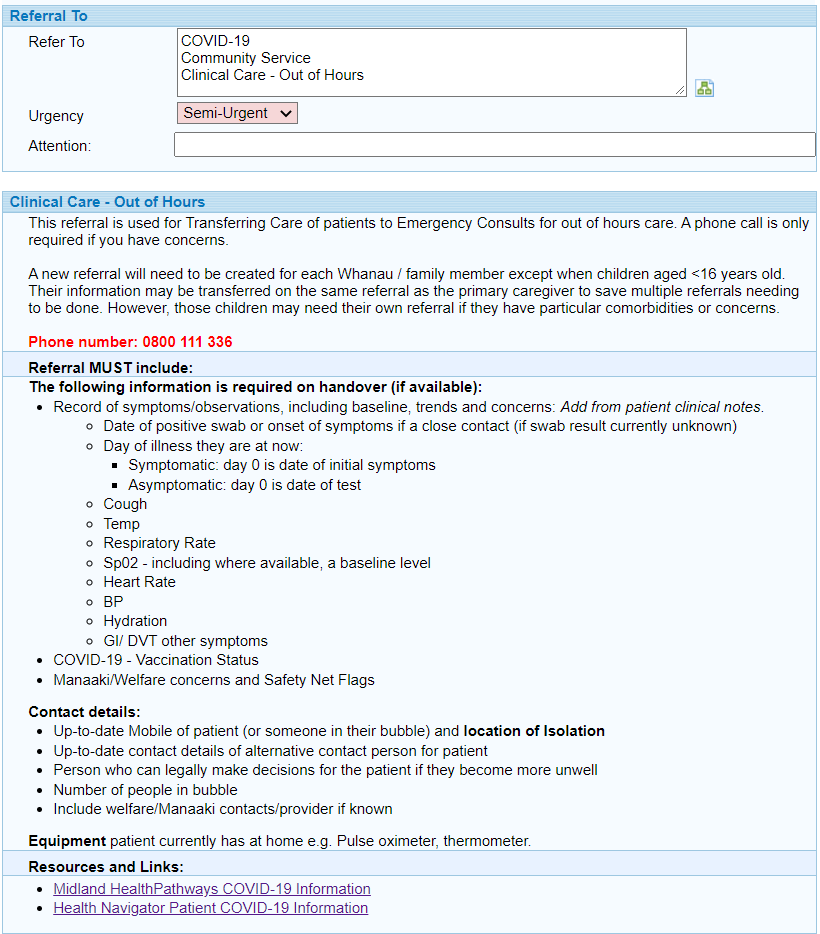
* Amohia (managed isolation) duty

nurse **027 221 1518**

**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.



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**

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 abode

**Budesonide**

Studies have shown inhaled budesonide (Pulmicort) has a modest benefit in reducing illness duration and need for admission.

If available, offer to patients who are within 14 days of onset of COVID-19 symptoms and are not taking other inhaled 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 hypertension
  + asthma or lung disease
  + immunocompromised
  + mild hepatic impairment
  + stroke or other 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.

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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 record SpO2 on your PMS using \SpO2**

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| Assess current symptoms and change (better / worse). See symptoms / atypical symptoms  Temp, pulse, BP and O2 sats depending on home equipment. Interpret self-monitoring results with caution in the context of your wider assessment.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date | Resp assessment | Cough | Temp | RR | \SpO2 | HR | BP | GI / DVT / other symptoms | Hydration | Red flags / comments | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |

Respiratory Assessment[[1]](#footnote-1) :

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, if they have any residual symptoms (funded).
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.

1. [↑](#footnote-ref-1)