**Home monitoring of Covid or undifferentiated respiratory illness**

Version 6 11/11/21

**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.
* **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 will be done by the Public Health Unit and it is their responsibility to inform the patient when they are no longer required to isolate.

Top of Form

**Risk Level**

|  |  |
| --- | --- |
| Higher Risk “Care 2’ | Lower Risk “Care1” |
| Patients with any of the **safety net flags** below | No safety net flags |
| BMI> 30 (or 95 percentile for children) | BMI<30 |
| Any age with medical comorbidities | No comorbidities |
| Age >65 years or older or Maori >44 years or older or Pacific>39 years or older | Age <65 years or Maori <44 years or  Pacific<39 years |
| Infants < 1month or prematurity less than 37 weeks in children aged younger than 2 years |  |
| Pregnant or within 6 weeks of pregnancy |  |
| **Provide daily remote clinical care and pulse oximeter. Review more frequently if clinically indicated** | **Provide alternate day remote clinical care** |

**Safety Net Flags**

* If NOT double vaccinated against Covid-19 for at least 2 weeks (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

**Useful Local Numbers DHB contact details**

* National C-ISQ Advice line **0800687647**
* Manaaki/welfare referrals
* Pulse oximeter supplies
* Inform public health of a case
* Medical Officer of Health on call
* Health Protection Officer on call
* For concerns about isolation breeches

Contact Health Protection at

* Primary Care Response Unit (PCRU)

- provides medical and after-hours/weekend

support for GPs managing patients in the community

* C-SIQ duty nurse

**Disease Course**

Diagram

Description automatically generated

The majority of people get better, 10-30% go on to get “long-covid” deterioration may happen at any time, but day 5-6 and day 10 – 12 are common times for deterioration.

**Pulse oximeters**

These should be supplied to all households who have one or more patients in Care level 2

They are available from ( Local DHB resource contact here …. )

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 will never be seen again.

**Suggested Documentation :**

**Initial consultation documentation should include the following:**

* Risk stratification (as above)
* Clinical assessment of current symptoms
* Note if COVID-19 health care is being addressed and social supports are being activated
* Document location of isolation
* Note any comms from public health, Community Quarantine facilities as needed.
* Inform the preferred community pharmacist, if known

**Follow-up consultations (**these are the regular calls to check on those people isolating) **documentation should include the following:**

* Any changes to initial consultation
* Clinical assessment of current symptoms

**6 week follow-up –** this is a recommended 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 recovery, assess for long-covid and look at the potential benefits of long-term engagement.

**Areas of Assessment/Support To Consider :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |

**Suggested “key word” notes for PMS until BCMS in place :**

**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

 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

 BP cuff

 Thermometer

**Initial Patient Advice**

□ Education Checklist given or link to reliable on-line advice

https://www.healthnavigator.org.nz/health-a-z/c/covid-19-positive-community-care-topics/

□ Illness course explained

□ Information about hydration and comfort medications as well as regular medications

□ Direction given to limit exertion and education provided about breathing

□ Advice given on when to seek additional help with contact phone numbers

□ Remember to document

□ Reassure and empathise

**Daily checks**

Ask patient about their symptom diary if they are keeping one (See patient leaflet – sample below )

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Symptom | Example | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
| Fever | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature \* | 37.8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breathlessness | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oxygen level \* | 96 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough | B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle aches | B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headache | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fatigue | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vomiting/diarrhoea | W |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fluid intake | OK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**S- Same B – Better – W- Worse temp and pulse ox if they have them at home.**

**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 assessment1 | 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
* 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)