

# COVID-19 Clinical Management in LTC


*Excellent health and care for everyone, everywhere, every time.*

# Objectives

- Review LTC COVID Clinical Order Set highlights
- Discuss the importance of early, frequent and timely goals of care conversations and MOST status
- Highlight clinical care considerations
- Explain the role of Hypodermoclysis
- Recognize transitions and end-of-life care
- Review lessons learned

# COVID-19 LTC Order Set

Intranet →  
 Clinical Resources →  
 Order Sets →  
 NEW! COVID-19 →  
COVID-19 Treatment  
 Long-term Care



Clinical Order Set

**COVID-19 Treatment Long-Term Care (Module)**

Demographics

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| Key: Req – Requisition    MAR – Medication Administration Record    K – Kardex    Dis – Discontinued  | Key                     | Phase                          |
|---|-------------------------|--------------------------------|
| <p><b>Instructions for completing this order set:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Indicates a pre-selected order. To delete a pre-selected order, draw a line through it</li> <li><input type="checkbox"/> Must tick the box for order to be implemented. Orders not checked will not be implemented</li> <li>— Fill in blank spaces as needed/appropriate</li> <li>- Indicates an item for consideration by Provider; is NOT an order</li> </ul>  |                         |                                |
| <p><b>COVID-19 Treatment Long-Term Care (Module)</b></p> <p><b>Patient Population:</b></p> <p><i>Mildly Ill COVID-19 Resident</i><br/>                     - Resident who does NOT require supplemental oxygen, parenteral fluids or other physiological support</p> <p><i>Severely Ill COVID-19 Resident</i><br/>                     - Resident requiring supplemental oxygen therapy</p> <p><small>NOTE: Provider to consider transition to "LTC End of Life" or "COVID-19 Palliative Care and Symptom Management" order set if Palliative Performance Scale (PPS) is 20 % or less</small></p> <p><b>Admit/Transfer/Discharge/Status</b></p> <ul style="list-style-type: none"> <li>- If Resident requires transfer to acute care, as directed by Medical Health Officer (MHO), Provider to call ER physician OR local COVID-19 Cohort Unit PRIOR to calling Emergency Health Services / Medivan</li> <li>- Contact MHO via Hospital Switchboard OR call 1-800-204-6166</li> <li><input checked="" type="checkbox"/> Patient Transport Recommendations, Resident to wear a medical-grade mask during transport if transfer required</li> </ul> <p><b>Medical Orders for Scope of Treatment</b><br/>                     - Provider to review and update MOST status as indicated by Resident's goals of care</p> <p><b>Alerts</b></p> <ul style="list-style-type: none"> <li>- Provider must discontinue Aerosol Generating Medical Procedures (AGMP) including nebulized medications, CPAP and nocturnal BIPAP. Staff require Airborne Precautions, including N95 masks, for care of Residents with COVID-19 (pending or positive) receiving Aerosol Generating Medical Procedures (AGMP)</li> <li>- Provider to call Respirologist on-call for guidance regarding alternative therapy based on MOST and clinical status</li> </ul> <p><b>Resident Care</b></p> <ul style="list-style-type: none"> <li>- Provider to consider holding or discontinuing non-essential laboratory or diagnostic orders</li> <li>- Provider to order Vital Signs as clinically indicated or based on MOST status</li> <li><input checked="" type="checkbox"/> Vital Signs, BID OR _____</li> <li><input checked="" type="checkbox"/> Oxygen Therapy, Nasal Cannula, Titrate up to 6 L/min to target oxygen saturation greater than 92% OR 88 - 92% for diagnosed COPD</li> </ul> <p><b>Communication Orders</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Notify Provider Vital Signs, Nurse or Respiratory Therapist must contact Provider if increasing breathlessness and oxygen needs exceed 6L via nasal prongs</li> <li><input checked="" type="checkbox"/> Notify Provider, To discontinue corticosteroid if no longer requiring supplemental O<sub>2</sub> or back to baseline O<sub>2</sub> for 24 hours</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>- Provider to review <a href="#">"British Columbia COVID-19 Therapeutics Committee (CTC) Clinical Practice Guidance for Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19"</a> for up to date treatments under clinical study</li> <li>- Provider to review and stop non-essential medications, and aim to cohort medication administrations to reduce exposure</li> </ul> |                         |                                |
| Signature, Designation _____  | College License # _____ | Date _____ Time _____ Page 1/2 |

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COVID-19 Treatment Long-Term Care (Module)

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# Treatment Highlights

*Maximize  
treatment on-site.*

*Consider transfer  
only if medically  
indicated and  
informed by goals  
of care.*

- Vital signs BID
- Oxygen therapy up to 6L/min
- Breathlessness → Dilaudid
- Severe illness → Dexamethasone
- Fever → See Discretionary orders

# Goals of Care/MOST

*MOST status is  
not consent to  
transfer*

*Vital Talk-  
COVID Ready  
Communication*

*MOST Hub*

- Re-visit goals of care **\*DOCUMENT\***
  - What matters the most to you?
  - What do you understand about COVID-19?
  - What are your goals or wishes for your care?
- What can transfer to acute care offer that treatment on-site cannot?
- Are symptoms currently managed?

# Clinical Care

- Equipment needs
  - Vital signs machines
  - Oxygen concentrators
  - Oxygen supplies
- AGMPs
  - Nebulizers, CPAP, BiPAP etc
- Medication review
- Non-essential lab or diagnostics



*Intranet →  
Policies &  
Procedures → Long-  
term Care →  
General →  
Parenteral Infusion  
Therapy*

*Intranet →  
Clinical Resources →  
Order Sets →  
Long-term Care →  
General →  
LTC Hypodermoclysis*

# Hypodermoclysis

## Indications:

- Short-term rehydration when unable to tolerate oral fluids
- Mild to moderate dehydration

## Contraindications:

- Rapid fluid resuscitation
- Pulmonary edema/congestion (CHF)
- Clotting disorders

## Procedure:

- Subcutaneous butterfly insertion (chest, abdomen, thighs, upper arms)
- Sodium Chloride 0.9% (Normal Saline) or Ringer's Lactate
- Infused by gravity
- Maximum fluid amount per site is 2000ml/24hrs

# Signs of Transition

*Intranet →  
Clinical  
Resources → Order  
Sets →  
Long-term Care →  
General →  
LTC End of Life*

- Breathlessness
- Anxiety
- Pain
- Delirium
- Changes in consciousness
- Decreased intake



# Resources

- Hypodermoclysis: An Alternative Infusion Technique  
<https://www.aafp.org/afp/2001/1101/p1575.html>