

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

Instructions for completing this order set:

- Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
- Must tick the box for order to be implemented. Orders not checked will not be implemented
- Fill in blank spaces as needed/appropriate
- Indicates an item for consideration by Provider; is NOT an order

COVID-19 Treatment Long-Term Care (Module)

Patient Population:

Mildly Ill COVID-19 Resident
 - Resident who does NOT require supplemental oxygen, parenteral fluids or other physiological support

Severely Ill COVID-19 Resident
 - Resident requiring supplemental oxygen therapy

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

Admit/Transfer/Discharge/Status

- 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
- Contact MHO via Hospital Switchboard OR call 1-800-204-6166
- Patient Transport Recommendations, Resident to wear a medical-grade mask during transport if transfer required

Medical Orders for Scope of Treatment
 - Provider to review and update MOST status as indicated by Resident's goals of care

Alerts

- 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)
- Provider to call Respirologist on-call for guidance regarding alternative therapy based on MOST and clinical status

Resident Care

- Provider to consider holding or discontinuing non-essential laboratory or diagnostic orders
- Provider to order Vital Signs as clinically indicated or based on MOST status
- Vital Signs, BID OR _____
- Oxygen Therapy, Nasal Cannula, Titrate up to 6 L/min to target oxygen saturation greater than 92% OR 88 - 92% for diagnosed COPD

Communication Orders

- Notify Provider Vital Signs, Nurse or Respiratory Therapist must contact Provider if increasing breathlessness and oxygen needs exceed 6L via nasal prongs
- Notify Provider, To discontinue corticosteroid if no longer requiring supplemental O₂ or back to baseline O₂ for 24 hours

Medications

- Provider to review ["British Columbia COVID-19 Therapeutics Committee \(CTC\) Clinical Practice Guidance for Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19"](#) for up to date treatments under clinical study
- Provider to review and stop non-essential medications, and aim to cohort medication administrations to reduce exposure

Signature, Designation _____
College License # _____
Date _____
Time _____
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EOS – LTC3406Dec2020
COVID-19 LTC/MD/12-20/v1

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>