Protocol for Providers once COVID-19 Positive in SNF/LTC

1. Review resident's symptom and condition (Risk Stratification: Mild, Moderate or Severe)
2. Review the MOLST form, Advance Directives. Initiate Advance Care Planning discussion sooner than later. Review and Clarify Goals of Care.
   See attached ACP discussion guide for COVID-19
3. Discontinue Weights, consults, other un-necessary orders.
4. Perform Medication Review:
   I. Discontinue all multi-vitamin, iron, med pass as appropriate, PRN medications, eye drops or any other un-necessary medication for at least 4 weeks.
   II. Review Medication regimen for Diabetes Mellitus therapy. Based on proposed AMDA guidelines minimizing frequency of finger sticks and elimination of Insulin Sliding Scale. Avoid hypoglycemia.
   III. Review medication dispense frequency and consolidate it to twice per day if it is Three times/ day or more. Change medications to Long acting formulation as appropriate.
   IV. Change medications to liquid form if they need to be crushed before administration for time efficiency
   V. **AVOID USE OF NSAIDS and Steroids** due to proposed risk of complications.
   VI. When Acetaminophen/Tylenol to be given, check temperature prior to the administration of the medicine.
   VII. **Replace Nebulizer with MDI and Spacer**. Nebulizer if necessary, then give with full protocol (N95+ PPEs). Avoid Bi-Pap and C-Pap.
   VIII. Utilize appropriate therapy for severe symptoms with comfort care; for shortness of breath may use Morphine and restlessness use lorazepam as indicated.
5. **Stratify the patient condition** and review as frequently as required based on the progression of the symptoms.

   Resident should undergo **Risk Stratification for Hospital Transfer** based on the Progression of the symptoms. Ongoing monitoring is required.

   A. **Low Risk**: Mild or no symptoms. Treat in-house, see below.
   B. **Moderate Risk**: Mild to moderate symptoms like myalgia, fever, cough, occasional shortness of breath. Treat in-house, see below.
   C. **High Risk**: Address Goals of care and advance directives. **Indicators for Transfer to the hospital with uncontrolled symptoms** /review Current MOLST/ ongoing address goals of care.
      I. Risk factors as of above, age >65 years, residing in Nursing facility.
      II. Chronic Illnesses and Co-Morbidities like Heart Failure, COPD, Diabetes, Renal failure with or without Dialysis,
      III. Immunocompromised status or taking Steroids or Immunomodulator therapies.
      IV. Uncontrolled symptoms
      V. Unstable Vitals, RR >24, HR>125/ min, Pulse Ox <89 on 2-6 lit/ min of oxygen, not responding to in-house treatments.
      VI. Acute change in cognition, Acute confusion, change in mental status
      VII. Persistent low pulse ox <88 not responding to oxygen therapy, air hunger.

VIII. **Acutely developing pneumonia/ ARDS/ Pulmonary:** Treat Bacterial pneumonia in-house early on if suspected. Complication which is not being controlled at the facility despite of the current therapy.

IX. **Evolving Sepsis** or other signs /symptoms which is not controlled at the facility despite of initiation of therapy.

6. **Treatment Therapy:**
    I. Review the risks and benefits of the treatment HCQ (Hydrochloroquine) and Azithromycin. Mostly risk outweigh the benefit of the therapy in nursing home or elderly residents. **There is limited data to validate the efficacy of this therapy.**
    II. Some Facilities are treating COVID-19 residents with **Z-pack therapy** (5 days). Efficacy of therapy has not been established, apply patient centered approach.
    III. Radiology: Chest X ray showing consolidate/ possible pneumonia. Choice of antibiotic with dose adjusted based on creatinine clearance and Antibiotic therapy based on the local experience with respiratory pathogens for suspected associated bacterial pneumonia with COVID-19.
    IV. Evaluate the need for IV support if suspect dehydration
7. **Work-up**: Avoid or minimize the laboratory work up, Radiological orders, any outside vendors visitation.
8. ***Transfer the resident to COVID-19 designated region with proper PPE attire.***
9. ***CPR:*** Pre-preparation with equipment's including plastic sheet to cover the residents. Only that staff can stay in the room who has appropriate PPE/N-95.
10. Continue ongoing ***Advance Care Planning*** discussion including life sustaining treatments like CPR, Intubation, Bi-Pap, C-Pap, Acute of Chronic Dialysis and Transfer to the Hospital while carrying Goals of Care discussion with the Residents and their families.
11. Visitation: not recommended to avoid further spread of COVID-19, it needs to be individualized.
12. *It is recommended to visit CDC website for recent updates and contact your **Local State Health Department.***

    More details can be viewed on https://www.cdc.gov/coronavirus/2019-ncov/index.html
    Useful Guides: From AMDA page for COVID-19: https://paltc.org/COVID-19

    - ACP and COVID-19: http://paltc.org/sites/default/files/AMDA%20COVID19%20Advance%20Directive%20Final_4_14_20.pdf
    - Medication Optimization: https://www.pharmacy.umaryland.edu/PALTC-COVID19-MedOpt
    - CPR management and Guide: https://paltc.org/sites/default/files/01_Intro/CPR%20Guidance%20During%20the%20COVID-19%20Pandemic.pdf
    - Statement for use of Hydrochloroquine: https://paltc.org/sites/default/files/Guidance%20on%20HCQ%20revised.pdf
    - Frequently asked questions for Nursing Home Staff:http://paltc.org/sites/default/files/01_Intro/Guidance%20for%20Nursing%20Home%20staff%2006APR2020.pdf

COVID-19 Capable Center: Once you have COVID-19 in your facility

1. **Adequate Staff.** Viable Contingency staffing plan. Staffing back up.
2. **Dietary**: Plan for mealtimes, increase in mealtime assistance due to Social distancing. Food supply process.
3. **Activities:** Need for individualized activity, face timing with families, or therapies.
4. **House Keeping**: Need for increase cleaning all over, especially COVID-19 designated areas and their close by areas.
5. **Staffing Pattern**: Ability to cohort staff to COVID unit and limit staff between units.
6. **Staff Training**, competencies and Infection Control: Training how to wear PPE, N-95, donning and doffing PPE and environmental cleaning.
7. **Infection Control:**
    I. Hand Hygiene areas, Monitor ongoing hand hygiene
    II. Universal precaution,
    III. Not touching the face with or without PPEs
    IV. Availability to PPEs, Masks, gowns, gloves, shoe covers, eye shields,
8. **Allocate** Clean Area for donning and Decontamination area for doffing.
9. **Separate entry** to the COVID-19 Unit. Entry and Exit areas, spatial distancing.
10. **Environmental:** Location of fire door, exit and entry doors, air filtration, negative airflow rooms if available, donning, doffing areas, room temperatures.
11. **Laundry**: For residents, PPEs? Scrubs, If available.
12. **Pharmacy:** Medication supply process, medication cart hygiene.
13. **Communication:** Overcommunicate is better than under communicate. Develop a system to communicate with leadership, medical director and families on a regular/daily basis. Send letter to the families on a regular / weekly basis.

- References from CDC, AMDA resource pages and AMDA colleagues.

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