

At-Home COVID Patient Management

COVID is a viral respiratory infection similar to other respiratory infections you have encountered, but different in its potential for rapid worsening, severity, varied symptoms and course, long-term lingering symptoms, and anxiety and confusion for patients. Rely on what you know about treating respiratory infections, but remain mindful of patients' need for consistent and ongoing education and support. *The tips and tricks below were distilled from the experience of 227 COVID Monitoring Program team members, who have cared for over 7,500 patients and made over 70,000 care calls.*

DIAGNOSIS AND TESTING

- Symptoms of COVID-19 may include fever, cough (new or worsening), new loss of taste or smell in the last 14 days, shortness of breath, chills, muscle pain, sore throat, or gastrointestinal issues.
- Patients may be confused about which test modality is appropriate and what results mean.
- Patients may have complicated emotions about tests and results: testing impacts employment and ability to carry out other responsibilities.
- Patients want a definitive answer quickly and may not be able to get one.
- While waiting for testing or results, address symptom management and reinforce self-isolation.
- Beware of confusing COVID with other acute conditions, for example PE or AMI.

PATIENT RESOURCES AND EDUCATION

- Strongly encourage social work referral if patients express:
 - Challenges with medication, finances, or food that impact ability to maintain quarantine.
 - Anxiety about their condition that cannot be addressed through education or signs of depression.
- Patients require consistent, repeated education about quarantine instructions, red flags for ED escalation, and the expected disease course.
- Assess patients' understanding of illness and management. Use teach-back to confirm.
- Educate household members and caregivers about avoiding exposure.
- Patients may require education about using monitoring tools, like thermometer or pulse oximeter.

SYMPTOMATIC TREATMENT

- General upper respiratory symptom treatments work for COVID symptom relief.
 - *Medications:* Acetaminophen, ibuprofen, albuterol MDI, nighttime combination products, cough suppressants, expectorants, Tessalon Perles.
 - *Non-medications:* Deep breathing exercises, hydration, proning, hot showers, warm baths, using a humidifier, stretching, going for a walk outdoors (wearing a mask).
- Watch for rapid worsening (especially days 5-10), even in patients who seem low-risk.
- Patients have questions about medications and dosing, such as acetaminophen.
- Symptoms are typically non-linear and some can linger (cough, low grade fever, fatigue, and muscle pain are most common). Set expectations that the duration of symptoms can go on for weeks.

MANAGEMENT OF CHRONIC CONDITIONS FOR PATIENTS WITH COVID

- Stress the importance of maintaining contact or establishing with a PCP for ongoing management.
- Leverage patient's existing relationships with specialists. Be mindful that patients may be prohibited from in-person visits with their specialists.
- Chronic condition exacerbations may present similarly to COVID, such as CHF, COPD, or asthma.
- Continue treating most chronic conditions as usual, mindful of where COVID symptom management recommendations may conflict with chronic condition management. For example, treating dehydration for someone on fluid restrictions; antihypertensive for a dehydrated patient.
- Have a low threshold for sending patients with chronic conditions to the ED for assessment if COVID is present or suspected.

CONCERNING SYMPTOMS

- Severe symptoms include severe shortness of breath, persistent chest pain (not due to coughing), confusion or inability to arouse, and signs of hypoxia (bluish lips or face).
- COVID symptoms vary widely among patients. Consider relative to patients' baseline.
- Shortness of breath is common and can be difficult to assess over the phone.
 - Understand patient's baseline breathing.
 - Be concrete with the patient about when emergency care should be sought (unable to hold conversation; unable to walk around home without becoming significantly SOB).
- Anxiety is common and mimics COVID symptoms (SOB, chest tightness, difficulty sleeping).
- Pulse oximetry can be invaluable, particularly for differentiating anxiety from pneumonia. Pulse oximeter reading should be greater than 94 (non-COPD) or 90 (COPD).
- If symptoms are worsening, recommend ED evaluation, including EKG and chest X-ray.

ESCALATING CARE TO THE ED OR CALLING 911

- COVID patients can decline rapidly. ED level care may be needed, particularly for chest pain, difficulty breathing, or neurological changes.
- Patients seemed to most commonly worsen 5 to 10 days from symptom onset.
- Patients may be hesitant and need encouragement to go to the ED. Reasons for resistance include:
 - Hesitancy to return after recent COVID-related ED or hospital visit
 - Fear of exposure at the ED
 - Concern about "being a bother"
 - Fear of being sick enough to need hospitalization, particularly if a loved one has already experienced severe COVID
- Facilitate and ensure the patient can get to the ED through their own transport or calling 911.
- When referring for emergency care, alert the ED in advance that a COVID patient is coming and concisely relay the reason for escalation.
- After discharge from the ED or inpatient, review and verify patients' understanding of their discharge plan and whether any follow-up is needed, such as labs or imaging.

PHONE TIPS IN WORKING WITH COVID PATIENTS AT HOME

- Use Doximity or another method to mask personal phone number and displaying an NM number.
- Patients are often isolated in their home and lonely. Calls can take longer than is typical if the patient desires human interaction.
- Understand who else is at home with the patient that may be involved in their care.
- Letting the patient speak about their experience and concerns can help with their anxiety while also being used to assess shortness of breath.