Home monitoring of Covid or undifferentiated respiratory illness
(Version 1 -21/10/2021)

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.**

Risk Level

High Risk	Average Risk	Low Risk
Patients with any of the safety net flags		Otherwise healthy adults
Patients with symptom deterioration	Pregnant women	No comorbidities
Any age with medical comorbidities		No safety net flags
Maori or Pacific		
Age > 60	40-60 years old with no medical comorbidities	Age 1-39 years old
MONITOR Once or Twice Daily for 14 days	MONITOR Every daily for 10 days - ask to self-monitor for additional 4 days	MONITOR Consider self-monitoring only; check-ins determined by individual patient. (Consider at 5-6 and 10 -12 days)

In patients who require admission to hospital, the average time from symptoms starting to breathing difficulties is 5 days. If there is to be a rapid immune system collapse and deterioration, it usually happens around day 10-12.

Safety Net Flags

- 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

Patient Identifier:

○ **High**	◉ **Average**	○ **Low**
MONITOR Once or Twice Daily for 14 days	MONITOR Every daily for 10 day ask to self-monitor for additional 4 days	MONITOR Consider self-monitoring only; check-ins determined by individual patient. (Consider at 5-6 and 10 -12 days)

Initial consultation should include the following:

- Risk stratification (as above)
- Clinical assessment of current symptoms
- Assess whether non COVID-19 health care is being addressed, and social supports are being activated
- Document likely location of isolation
- Liaise with public health, Community Quarantine facilities as needed.
- Notify community pharmacist, if known

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 OR

☐ Patient has instructions on isolation and what this entails

Home Equipment Inventory - Patient has or can borrow:

☐ BP cuff

☐ Thermometer

☐ 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

Other Areas of Assessment/Support

Area	Concern	Notes	Referral	Referred to
Mental health (for advice , call 0800-123456)	**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**	

Patient Advice/

□ **Education Checklist given**

□ **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**

COVID-19 Monitoring Visits

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 assessment	Cough	Temp	RR	SpO2	HR	BP	GI / DVT / other symptoms	Hydration	Red flags / comments

Respiratory Assessment[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.

If they have a pulse oximeter - previously healthy lungs or previously documented normal O2 sat – a new consistent reading of < 92% is a red flag.
If underlying lung disease with documented low normal O2 sat at baseline – a new reading of < 90% is a red flag. If patient on home oxygen normally and their O2 requirements increase with COVID illness – this is a red flag, If they are having oxygen at home – aim for SpO2 92-96%, If risk of CO2 retention, aim saturation 88-92%

[1] (From Trish Greenlagh et al BMJ (https://www.bmj.com/content/368/bmj.m1182)

COVID-19 Red Flag Symptoms

RESPIRATORY
• Severe shortness of breath at rest
• Difficulty in breathing
• Increasing significant fatigue (reported in some patients as a marker for hypoxemia without dyspnoea)
• Blue lips or face
• Haemoptysis

OTHER
• Cold, clammy, or pale and mottled skin
• Reduced level of consciousness or new confusion
• Little / no urine output
• Pain or pressure in the chest
Syncope

Consider consulting with specialist services if:

- HR >110, SPO2 consistently ≤ 92%, RR >24
- Severe shortness of breath at rest (e.g. Breathlessness RR >30 despite normal O2 sats)
- Difficulty in breathing (work of breathing)
- Reducing O2 saturation (see guidance under Examination/Assessing Vital Signs on this page)
- Pain or pressure in chest
- DVT symptoms / signs
- Decreased oral intake or urine output (dehydrated, needing IV fluids)
- Cold, clammy or pale mottled skin
- New onset of confusion, becoming difficult to rouse, syncope
- Blue lips or face
- Coughing up blood
- Other symptoms indicating severe illness, or significant or rapid deterioration including markedly increased fatigue if O2 Sats are not available.

NB if the patient has other conditions that mean admission to hospital is unlikely to be in their best interests consider referral to palliative care.