

**PUBLIC HEALTH SERVICES
COMMUNICABLE DISEASE CONTROL**

Monitoring of Elderly COVID-19 + or COVID-19 -Exposed Patients in a Non-Medical Setting

(e.g., RCFE)

The following are suggestions for how facilities can monitor and care for their residents infected with or exposed to COVID-19; ultimately it is the responsibility of the facility to create their own protocols for managing residents.

Patients with COVID-19 infection can have mild or no symptoms, and others may become seriously ill very quickly. It is important to monitor all patients who have COVID or have had a close exposure to COVID (e.g. roommates of a COVID+ patient). Such monitoring would best be done by a licensed medical provider (e.g. Certified Nursing Assistant, or “CNA” working under protocol, Licensed Vocational Nurse, or “LVN”, or Registered Nurse). Elderly patients with COVID-19 infection may not have the **classic signs of fever, cough or shortness of breath**, but can have more mild or different symptoms, and those with cognitive impairment who may not be able to verbalize symptoms.

The following can be symptoms seen with COVID-19 infection:

- Cold/flu symptoms: more mild fever (99.2 – 99.3), sore throat, headache and/or muscle aches
- Gastrointestinal symptoms: nausea, vomiting or diarrhea
- Lack of appetite
- Weakness or falls
- Loss of sense of taste or smell
- Confusion, altered mental status, neurologic symptoms (like symptoms of stroke)
- Behavioral changes: increased agitation, sudden sadness, reduced activity
- Chest pain
- Cough
- Shortness of breath

These symptoms can rapidly develop into severe illness. Therefore, a high level of vigilance for any change in status is needed!

The following is suggested for monitoring of COVID-exposed patients:

At least 2 -3 times per day, if not more often, do the following:

- Check temperature, blood pressure, pulse, respirations and oxygen saturation
- Review for the symptoms listed above
- Review alertness and activity level of patient

If a patient who was exposed to COVID develops fever, cough, shortness of breath, or any of the symptoms listed above, isolate him/her immediately in a single room, refer for further medical care as needed, and arrange for testing as soon as possible.

The following are suggested for monitoring of COVID+ patients:

At least 4 times per day (6 times per day ideal), do the following:

- Check temperature, blood pressure, pulse, respirations and oxygen saturation (pulse oximeter)
- Review for the symptoms listed above
- Review alertness and activity level of patient
- Assess oral intake and bowel habits

The following signs or symptoms are concerning for progression of COVID and would necessitate immediate medical evaluation (transfer to ER or call 911 if life-threatening change):

- Fast breathing/shortness of breath or oxygen saturation below 95%
- Fast pulse rate (>100-110)
- Significantly decreased oral intake (skipped two meals or not drinking sufficient fluids)
- Systolic blood pressure that is below 110 or is much lower than their normal
- Change in mental status/confusion, neurologic symptoms
- Prolonged high fevers
- Moderate to severe weakness or a fall
- Diarrhea that is moderate to severe or vomiting
- Chest pain