

# Caring for Resident with COVID-19 – Short Term Care Plan

Resident ID

Focus of Care	Check all interventions that apply	
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Serious Illness Conversations (SIC)	<input type="checkbox"/> Ensure current Serious Illness Conversation, Goals of Care, Advanced Care Planning & MOST are updated on file after any discussion between MRP/& resident/family/decision-maker prior to & when COVID-19 diagnosis confirmed <input type="checkbox"/> Align interventions based on SIC (including medication reconciliation) <input type="checkbox"/> On-going Serious Illness Conversation (SIC) as condition changes	
Actively dying	<input type="checkbox"/> Refer to Actively Dying Protocol & PPO	
Infection Prevention & Control	<input type="checkbox"/> Isolation in single room ideal <input type="checkbox"/> Ensure a 2-metre distance (6 feet) between infected person and non-infected residents e.g. curtain between residents in a shared room <input type="checkbox"/> Personal Protection Equipment (PPE) must be worn by staff for close contact (e.g. surgical/face mask, eye protection, gown, gloves). Proper PPE donning & doffing is critical <input type="checkbox"/> Equipment should be stored in resident's room & follow cleaning protocols for reusable equipment <input type="checkbox"/> Ensure frequent resident and staff hand washing <input type="checkbox"/> Monitor for signs & symptoms of pneumonia & sepsis <input type="checkbox"/> Ensure mouth care maintained to prevent pneumonia	
Vital signs	<input type="checkbox"/> Monitor temperature, respirations, O2 saturation, BP & pulse, auscultate lungs/chest as ordered or required	
Hydration	<input type="checkbox"/> Encourage sufficient oral fluids to maintain hydration	
Artificial hydration ordered - hypodermoclysis	<input type="checkbox"/> Follow MRP's order for hypodermoclysis if prescribed <input type="checkbox"/> Ensure supplies available e.g. appropriate solution, tubing, pole, subcutaneous (sc) butterfly needles <input type="checkbox"/> Change sc catheter insitu q24-48 hours, tubing q96 hours, solution q24 hour <input type="checkbox"/> Monitor for complications due to artificial hydration e.g. sc site swelling, redness, leaking, bruising, burning/pain <input type="checkbox"/> Record all forms of fluid on intake sheet including outputs	
Dyspnea, Hypoxemia, Cough	<input type="checkbox"/> Follow MRP's orders for oxygen therapy via nasal prongs (e.g. <6 lpm) <input type="checkbox"/> Follow MRP's medication orders if prescribed. Evaluate response & report to prescriber <input type="checkbox"/> Use Metered Dose Inhaler (MDI) with spacer and or with spacer mask as ordered	
Pain Management	<input type="checkbox"/> Administer opioids as prescribed & review PRN use to titrate dose <input type="checkbox"/> Monitor pain behavior <input type="checkbox"/> Evaluate response e.g. relief or excess sedation & report to prescriber	
Mobility & Skin care	<input type="checkbox"/> Keep head of bed at 30 degrees and foot of bed at 15 degrees, unless instructed not to do so <input type="checkbox"/> Establish a turning schedule	
Behavioural change	<input type="checkbox"/> Observe for hyper/hypoactivity. fluctuations in cognition, function & behavior, or excessive sedation <input type="checkbox"/> Track behavioral changes to determine underlying causes, risks & interventions <input type="checkbox"/> Rule out/treat delirium <input type="checkbox"/> Administer medications to manage behaviour if prescribed	
Psychosocial needs	<input type="checkbox"/> Observe, listen & validate verbal & non-verbal communications re: worries, fears <input type="checkbox"/> Use technology if appropriate to connect resident with family or spiritual care etc.	



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