

Care Plan for Tenants with COVID-19 in Assisted Living

Collaboration Between AL Community Health Nurse (CHN) and AL Site Nurse When There is a Tenant with Positive COVID-19

Topic	Nurse Actions/Needs	Notes/Comments	Date/Initial
Review MOST	□ Ensure MOST is up to date and on client's fridge		
	□ Ask tenant/family to connect with Most Responsible		
	Physician (MRP) to discuss their wishes		
End of Life	□ Consult with AL CHN to make referral to Home Health		
	palliative team		
	□ Follow processes recommended by team		
Infection Prevention	□ If screening is positive, Isolate tenant as soon as		
& Control	possible		
	 Review AL Infection Control Toolkit (Respiratory Outbreak protocols sections) 		
	Review Fraser Health COVID-19 Resource Toolkit: AL		
	Screening Algorithm, Swabbing Processes, PPE Education,		
	training NP swabs for nurses, FH AL COVID-19 updates		
	□ Review supplies (PPE, swabs)		
Hydration	□ Monitor fluid intake/output (e.g. check meal trays, asking		
	tenant about voiding, checking continence products etc.)		
	□ Use fluid intake/output sheet as indicated		
Medications	□ Review tenant's supply of medication (e.g. expiration dates,		
	supply etc.)		
	 Review best possible medication history 		
Dyspnea,	□ Consult with Community Respiratory Services as required		
Hypoxemia, Cough	□ Ensure tenant has sufficient oxygen supplies (e.g. O2 tanks,		
	nasal prongs)		
	□ If tenant has an order for oxygen 1 to 6 L/min use nasal		
	prongs.		
	If tenant has an order for 5 to 10 L/min use O2 mask. N95		
	respirator is required for aerosol-generating procedures		
	(AGP). Refer to AGP standard operating procedures.		
	 Ask MRP to change nebulizers to metered-dose inhaler to decrease aerosols 		

Original: April 2020. Revised December 2020.

Approved by LTC-AL Coordination Centre: December 22, 2020



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Pain Management	Review PRN medications and connect with MRP as needed
	(e.g. request PRN medications to be changed to regular
	doses when LPN not available)
	☐ Use PAIN scale and monitor pain behaviors
Mobility/Skin	□ Encourage mobility and ensure mobility equipment is in place
	□ For bedbound tenants: obtaining hospital bed, establish a
	turning schedule
	□ Monitor skin changes (reddened/open areas, incontinence,
	dry skin etc.)
Behavioural change	□ Track behavioural changes to determine underlying causes,
_	risks & interventions
	□ Rule out/treat delirium – Use Confusion Assessment Method
	(CAM) Tool
	☐ Monitor signs and symptoms of infection (e.g. pneumonia,
	UTI, and sepsis)
Psychosocial needs	□ Observe, listen & validate verbal & non-verbal
	communications re: worries, fears
	□ Use technology to connect tenant with family or spiritual care
	etc. if requested
Other	

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