



MAGIC Recommendations for Facility and Provider Teams on COVID-19 Management 3.31.20

To:	Community SNF/LTC/ALF partners, and Providers
From:	Minnesota Association of Geriatric Inspired Clinicians, Clinical Practice Alliance Committee (CPAC)
Focus:	Patient Management Recommendations for all Patients during Covid-19 Crisis
Situation:	The following recommendations from CPAC are to minimize contact between the patient and staff to decrease the risk of transmission of Covid-19 for the safety of everyone in a facility. Providers and nursing should reduce patient procedures and monitoring to what is necessary for each patient and avoid any unnecessary contact.
Vital Signs	Decrease the frequency of routine or ordered vital signs (VS) monitoring to what is necessary for each patient. If patients receive VS monitoring prior to medication administration, review if this remains necessary. Acutely ill patients should be monitored as condition warrants. Palliative care and comfort care focused patients should have limited VS completed to only those essential to maintain comfort.
Blood Sugar Monitoring	Each diabetic patient's monitoring schedule should be assessed, and the frequency decreased to what is necessary and safe for each patient.
Lab Monitoring	Stop routine monitoring of labs, including labs for medication monitoring, unless necessary for patient safety. Only order lab monitoring for acute situations that require lab results for differential diagnoses or treatment.
Wound Care	When appropriate, decrease the frequency of wound care procedures and discontinue when able. Utilize telehealth with a provider to give appropriate guidance.
Anticoagulation Management	Providers should evaluate who is appropriate to change from Warfarin to a Direct Oral Anticoagulant (DOAC) to reduce lab monitoring.
Nebulizer Treatment	<p>If nebulizers are no longer relevant, discontinue the order.</p> <p>If patients have long-term PRN nebs ordered, consider placing a hold or providing additional instructions to contact the provider prior to administering. The goal is to avoid administering a neb to anyone with suspected or confirmed Covid-19.</p> <p>Do not initiate standing house order nebulizers without a provider order to ensure nebs are not ordered for patients who are suspected or confirmed with Covid-19, as this is not appropriate treatment and significantly increases the risk of transmission.</p> <p>Evaluate patients who are on chronic nebulizer therapy for necessity and if an inhaler could be utilized instead. For patients who have cognitive impairment, utilize an AeroChamber. The provider can document if a patient fails the transition from a nebulizer to inhaler.</p> <p>Staff should ensure there is no potential for cross-contamination of inhalers and nebulizer supplies when they are kept in a med cart. Each patient's supplies should be cleaned and stored safely according to infection control guidelines. Consider keeping inhalers or neb supplies in patient rooms.</p>
Unnecessary Medications	Providers should reduce non-essential medications, such as supplements or multivitamins, in an effort to reduce medication passes and reduce exposure risk to residents.