

COVID-19 in Congregate Living: Nursing Management Recommendations

Clinical Practice Alliance Committee (CPAC) COVID-19 Taskforce, Kelli Petersen, CNP, CPAC Committee Chair,
Sandra Turbes, MD, CPAC COVID-19 Taskforce Member

Facility Leadership Preparation Prior to a COVID-19 Outbreak

- Aerosol-generating procedures (AGP): identify who has AGP that need to be addressed. Nebulizers should be changed to an inhaler and CPAP machines need a viral filter.
- Identify a plan for increased support with eating and drinking (e.g. hydration champions, train other staff)
- Educate staff on position changes (including proning) for respiratory symptom management
- Ensure staff know when to notify the provider based on patient status and symptoms (e.g. hypoxia is an important decision point, and providers need to know when present)
- Staffing crisis: can have a global list of meds to hold on all patients, signed in advance by medical director
- Identify a communication plan by designating staff to call families daily with updates (can utilize non-clinical staff to support the clinical staff when appropriate)

Nursing and Leadership: Patient Management Recommendations

- Initiate isolation upon COVID diagnosis (presumed or lab confirmed), follow MDH guidelines; and identify isolation duration based on diagnosis date, symptoms vs asymptomatic, and if immune suppressed
- General COVID-19 symptoms to monitor for:
 - Cough, shortness of breath, sore throat, congestion, fever
 - Nausea, vomiting, diarrhea, poor appetite
 - Loss of taste or smell
 - Headache, myalgias, chills, fatigue
- Notify provider of ALL COVID-19 positive results and changes in condition
- Ensure the family is notified of COVID-19 positive result and changes in condition
- Nursing will monitor and notify the provider for changes in condition that could prompt hospitalization, a change in treatment course, symptom management, or transition to comfort cares. These may include:
 - Hypoxia, sats <92%, shortness of breath, increased respiratory effort, when oxygen is initiated (providers must be notified immediately of these symptoms)
 - Lethargy, altered mental status, decreased level of consciousness
 - New GI symptoms, poor intake, poor output
 - Unstable VS, general decline
- Can request to minimize non-essential staff tasks, patient orders, or medications
- Do not administer nebulizer to a COVID-19 patient. Switch to an inhaler if the medication is necessary.
- A viral filter should be applied to CPAC machine (also an AGP), or if not available, hold CPAP
- Initiate patient position changes for comfort unless contraindicated, e.g.:
 - Elevate head of bed for comfort with respiratory symptoms PRN
 - Proning/Repositioning if patient is able and can tolerate
 - MAGIC Link: [Repositioning and Proning for Patients with COVID-19](#)

COVID-19 Recovery Management

- Encourage fluids unless contraindicated
- Orient to date, weather, events of the day throughout the day
- Encourage communication between patient and staff, focus on patient interests, family, etc
- Keep shades open during day
- Out of bed 3 times/day, at least 2 hours per time, unless contraindicated
- Encourage/facilitate listening to music of their interest
- Facilitate video visits with family (in person if possible)