

Tracking Atypical and Typical Symptoms of COVID-19 in LTC: A Quality Improvement Project

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Introduction

- Colleen Graf, RN, BSN
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- Adult Geriatric Primary Care NP Track
- MICU RN at Regions Hospital
- DNP Project



Photo By: Dr. Avi Nahum

Outline

- Background of COVID-19 in LTC
- Symptom Presentation COVID-19 and Monitoring
- Atypical and Typical Sx/S of COVID-19
- Problem
- Evidenced Based Intervention
- Analysis
- Implications For Future Practice



Background of COVID 19 in LTC

- Long term care residents represented one of the largest vulnerable groups
- Limited research, recommendations consistently changing, and new information always coming forward
- The pandemic lead to limited access to facilities by providers



Symptom Presentation COVID-19 and Monitoring

- Initial symptoms of concern were fever, dyspnea, and cough
- Presentations varied based on mild, moderate, and severe cases
- Variable symptoms were seen in elderly populations compared to the general population
- Monitoring of symptoms was limited to chart review due to lack of access to facilities



Atypical and Typical Sx/S of COVID-19

- “Typical presentation” or “Typical symptoms” means the usual signs and symptoms of illness or disease
- “Atypical presentation” or “Atypical symptoms” means patients have no signs and symptoms, unusual signs or symptoms that seem unrelated or even opposite of what is usually expected
- Causes of atypical illness presentation include:
 - Age related physiologic changes
 - Age related loss of physiologic reserve
 - Interactions of chronic conditions with acute illness
 - Underreporting of symptoms



Problem

- Incomplete documentation of signs and symptoms of COVID-19 in LTC residents
- Providers have limited access facilities during pandemic, difficult to track progress
- Gap in communication exists between symptoms of COVID-19 and documentation



Intervention

- Improve identification of COVID-19 symptoms and communication of symptoms to provider
- Implementation of a progress note nursing order for positive COVID-19 residents.
- Order for progress note:
 - *“Assess and document the patient's condition every shift. Include vital signs and focused respiratory assessment. Note typical and atypical symptoms. Document progress note in EHR, continue documentation for 21 days from positive COVID test”*



Intervention: Education Materials

Common and Less Common Signs and Symptoms of COVID-19 in Older Adults
<i>Typical Signs and Symptoms</i>
Fever >99.0
New cough or worsening chronic cough
Shortness of breath. Increased oxygen requirements or increased frequency of breathing treatments (i.e. inhalers) may be surrogate symptoms for SOB <input type="checkbox"/>
<i>Atypical Signs and Symptoms</i>
Diarrhea, nausea, vomiting or abdominal pain
Confusion or change in mental status from baseline
Lethargy (excessive sleepiness or tiredness)
Change in appetite (refusing meals or eating less than 50% of meals)
Exacerbation of CHF or COPD
Chest Pain
Sore throat or runny nose
Loss of smell or taste
Muscle aches, headache
Chills with or without shivering
Generalized weakness, Falls
Unusual rashes



Intervention: Education Materials

Positive COVID-19 Swab

Order placed by provider:

"Assess and document the patient's condition every shift. Include Vital Signs and focused respiratory assessment. Note typical and atypical symptoms. Document progress note in PCC, continue documentation for 21 days from positive COVID test"

Assess Resident Each Shift

Assessment includes:

- Vital Signs (HR, BP, Temp, RR)
- Focused Respiratory Assessment (lung sounds, work of breathing)
- Typical and Atypical S/Sx of COVID, use the following chart as a guide.

Documentation Every Shift

Write a progress note in PCC

Include the vital signs, respiratory assessment, and make note of any atypical or typical COVID-19 symptoms.

Example Documentation:

"VS HR 66, BP 93/68, Temp 99.5 oral, SpO2 93% on room air. LS with wheezing, non-productive cough. Complains of chest tightness and wheezing and requests PRN use of albuterol inhaler. Febrile at 99.5 with recent Tylenol given one hour prior. Complains of headache and feeling more tired than her normal. Refused breakfast, no diarrhea or vomiting. No change in mental status from baseline."



Analysis

- 4 Subjects included during the implementation period
- Data analysis included the implementation of the order, most common COVID-19 symptoms, and analysis of improvement of communication between nurse and provider
- Average temp: 97.9 [96.8, 98.9]
- Most common COVID-19 symptoms were lethargy, decreased PO intake, and confusion



Analysis

Subject 1

- Order placed on day 1 of COVID-19 positive test
- 100% of progress notes were written
- Day 7 enrolled to hospice
- Language from progress notes was translated to the provider notes for hospice referral

Subject 2

- Order placed on day 1 of COVID-19 positive test
- 85.7% completion rate of progress note
- On Day 20 of illness subject was enrolled into hospice
- Symptoms of COVID-19 from progress notes were translated into hospice referral



Implications for Future Practice

- Improved communication of patient status
- Streamlined hospice referral
- Easy intervention used already by nursing staff
- Important to consider resident's baseline health and mental status



THANK YOU!

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