Primary Care Networks
CALGARY AND AREA

Alberta Health Services

Primary Care

COVID Pathway

Dr Rick Ward
April 6, 2020

THE PATHWAY

OVERVIEW

Background

- For most people infected with COVID- 19, this is a mild disease that is self limiting
- One in five will deteriorate – more common in “high risk” patients
- The cornerstone of management is self isolation, supportive care and vigilance for deterioration within the patient’s home
- Regular ‘virtual’ contact is preferred over visits in the clinic
- This pathway provides evidence-based support to enable you to manage these patients

THE PATHWAY

OVERVIEW

Caveats

- The evidence is changing daily, the scope of the pandemic effect on our community is unknown
- This pathway is based on best evidence available, adapted for Calgary Zone resources and our local expert leaders' judgement
- Things will likely change – monitor your PCN newsletter and Specialist LINK website
- Providing you support for managing your patients safely and effectively is the priority
- Support = Specialist LINK pathway + Specialist LINK tele-advice + Your PCN

INTRODUCTION

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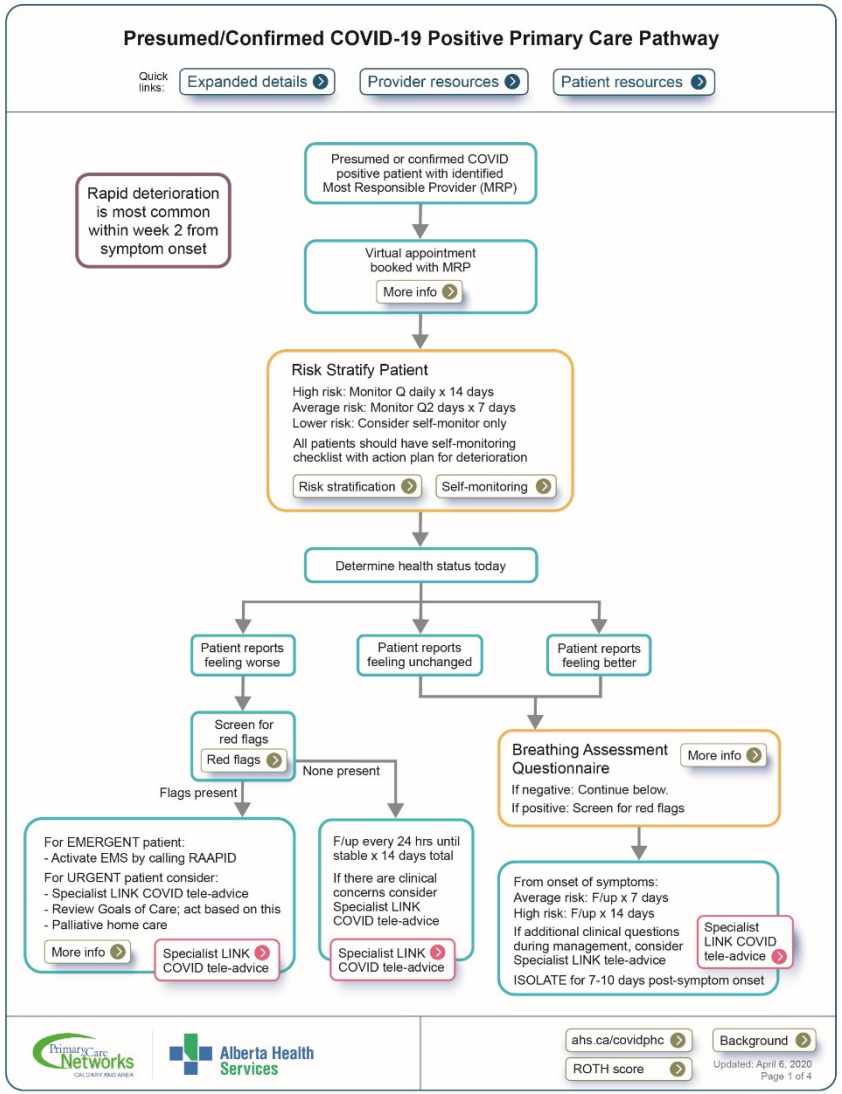


Rationale for Primary Care COVID pathway

- Opportunity for primary care to support the majority of COVID + patients that will not need tertiary care
- Identify pathways to obtain help for patients who are deteriorating

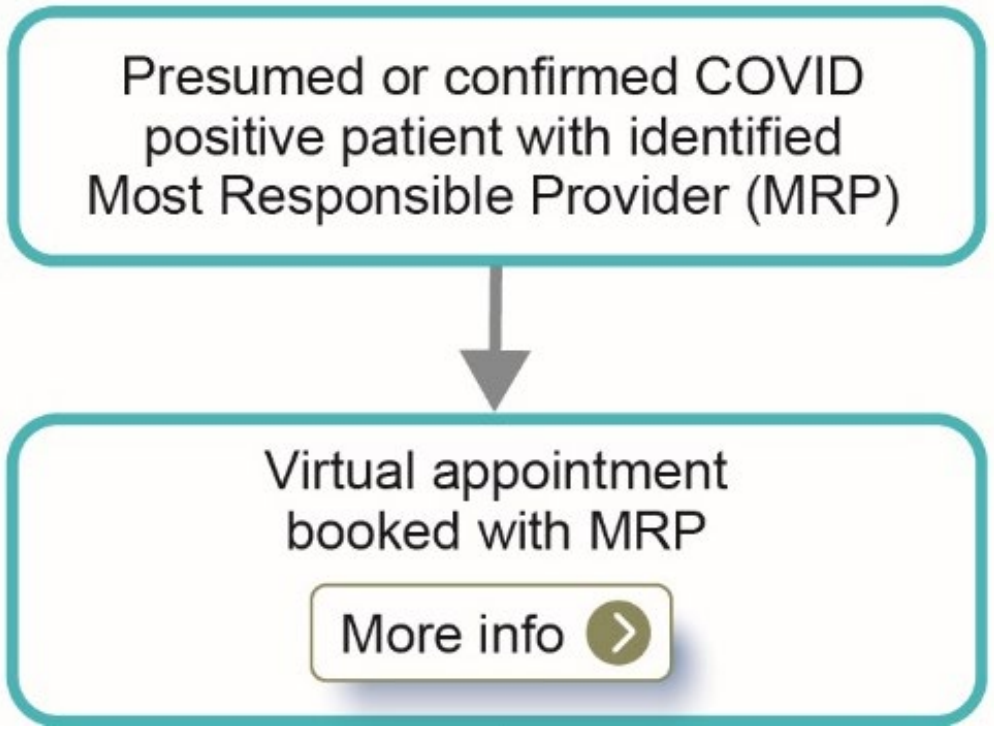
DISEASE TRAJECTORY

DR. MICHAEL PARKINS

Rapid deterioration is most common within week 2 from symptom onset

CARE IN PMH

DR. CHRISTINE LUELO



Patients will be transitioned back to the most responsible provider in their medical home or PCN

Appointments should be done virtually

RISK STRATIFICATION

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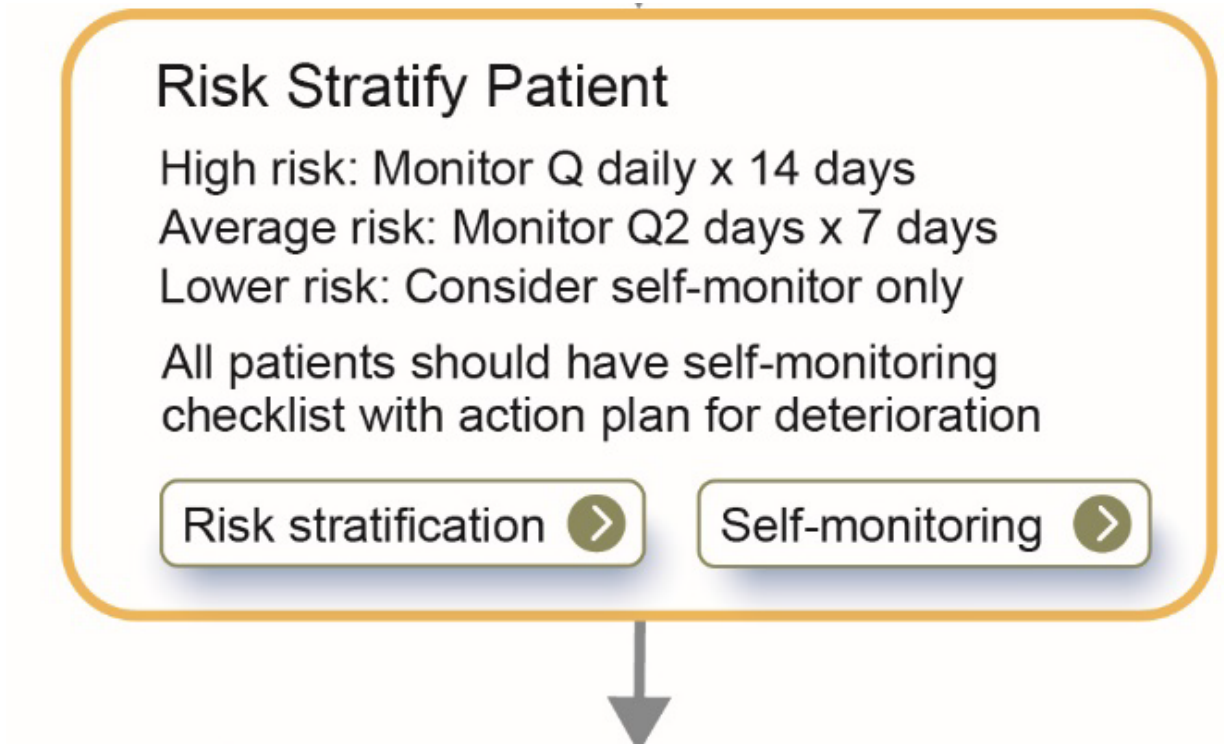

Patients should be risk stratified based on their:

- Past clinical history including COVID and co-morbidities
- Age
- Safety net supports

Patients must be provided information on self care including:

- Isolation
- Monitoring

HEALTH ASSESSMENT

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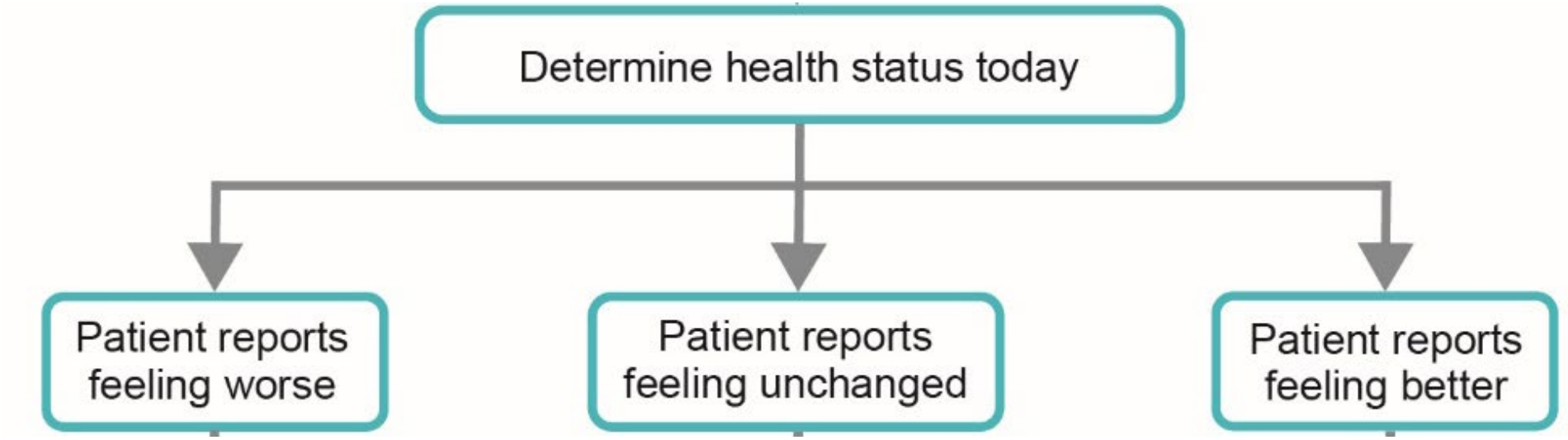

FEELING WORSE

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Red Flag assessment

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale molted skin
- New confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement*
- Return of fever after afebrile period*
- Oxygen saturation

*may signal development of COVID pneumonia

OXYGENATION

DR. BRANDIE WALKER

Oxygen Saturation

- Is a helpful tool to indicate disease severity when available
- If previously healthy lungs or previously documented normal O2 sat – a new reading of < 92% is a red flag
- If underlying lung disease with documented low normal O2 sat at baseline – a new reading of < 90% is a red flag
- If patient on home oxygen and there O2 requirements increase with COVID illness – this is a red flag

OXYGENATION

DR. BRANDIE WALKER

Breathing assessment in primary care

Breathing Assessment Questions

- How is your breathing?
- Is it worse today then yesterday?
- What does your breathing prevent you from doing?

Roth Assessment

https://www.youtube.com/watch?v=u3rUdkFJ9UI

ERD FLAGS

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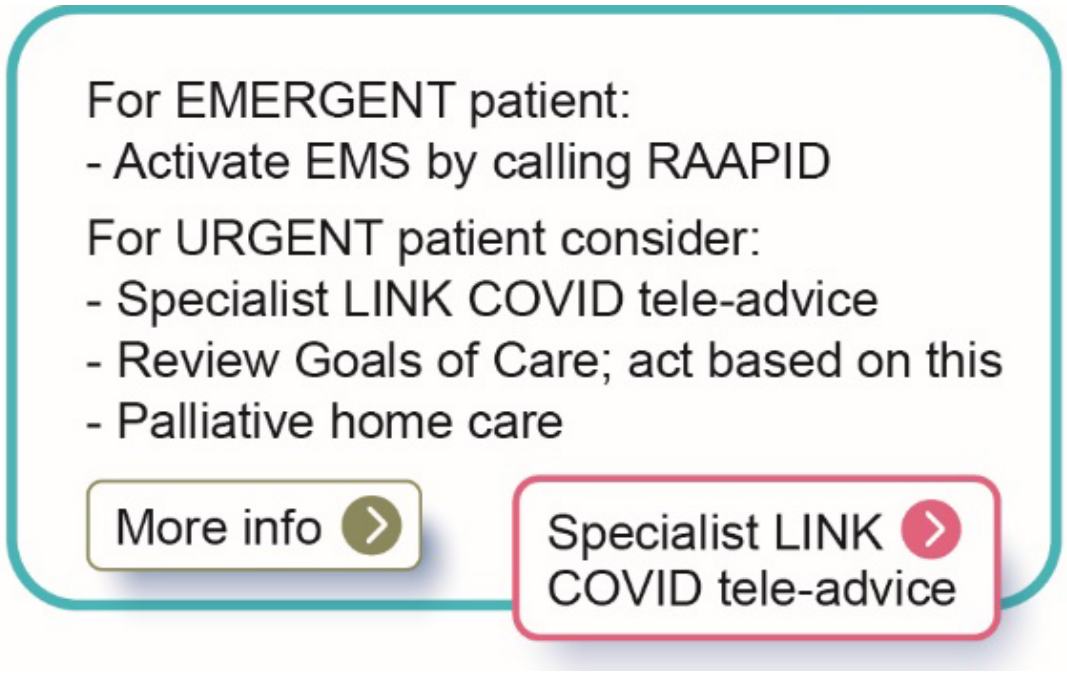


- Transfer of these patients should be considered based on clinical condition and goals of care
- Specialist LINK COVID + line can support with advice

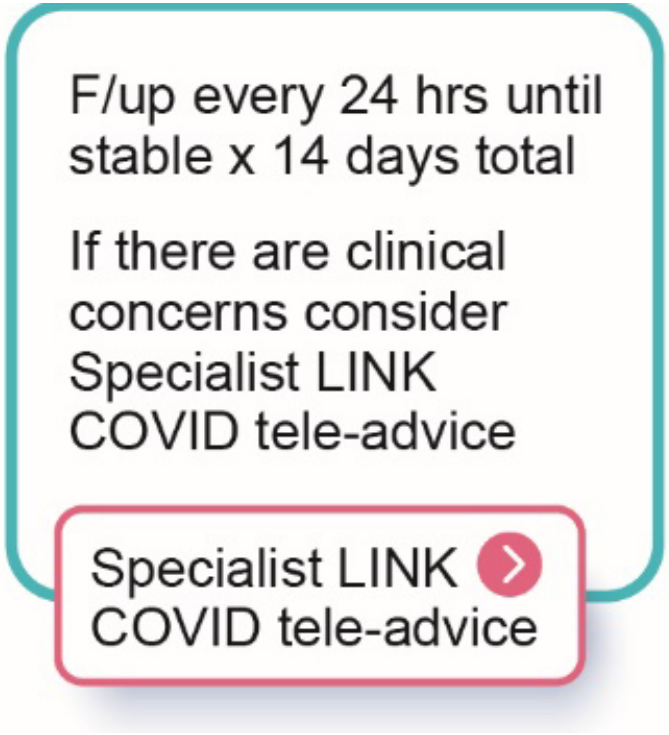
SPECIALIST LINK

DR. RICK WARD

- A COVID + Line supported in rotation by Respirology, GIM and ID will be launched
- Questions appropriate for this line may include:
  - My patient has COPD and I'm not sure if this is COVID or AECOPD. Start on prednisone or not?
  - My patient sounds dehydrated, where should I send them?
  - My patient is older and getting sicker but doesn't want to go to hospital – is there anything I can do?
  - They've had symptoms now for 2 weeks, not getting any worse. Should I do a chest x-ray?

WORSE, NO RED FLAGS

DR. RICK WARD + DR. MICHELLE GRINMAN



Other things to consider:

- Symptoms – worse respiratory symptoms, GI losses?
- High risk patients requiring closer monitoring:
  - Immunosuppressed or compromised (eg: steroids, chemo, HIV, diabetes)
  - Multi-morbid or frail elderly
  - Those living alone without supports

Rate of deterioration:

- rapid change → ED even if patient "stable" now
- Slow change and patient stable with sats>92%, patient may be eligible for hospital at home / monitoring services.

UNCHANGED OR BETTER

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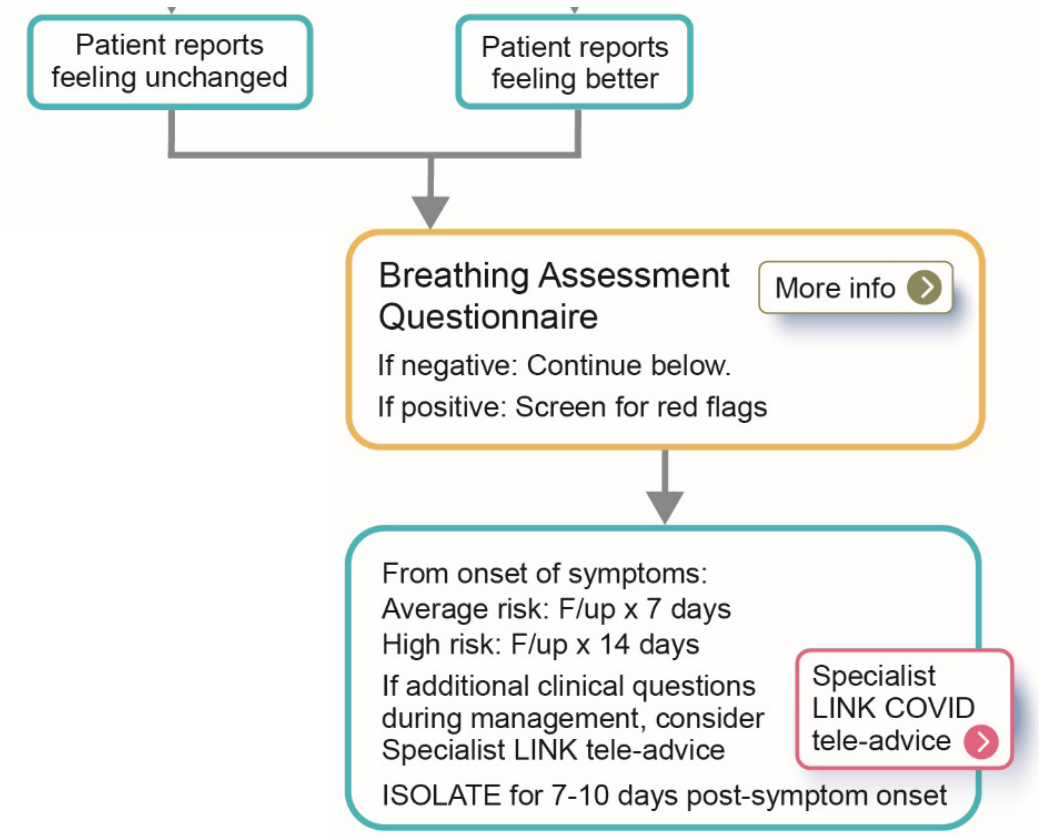

- Importance of strict self-isolation emphasized at every visit
- What if they don't self isolate?

SYMPTOM RESOLUTION

DR. RICK WARD + DR. BRANDI WALKER

- Duration of self isolation is 10 to 14 days from onset of symptoms
- Should still practice social distancing after isolation
- But what if they still have cough?

WHAT'S NEXT?

DR. RICK WARD

- Revision of pathway based on volume, clinical experience and evolving science
- Watch for updates: PCN communications + Specialist LINK website www.specialistlink.ca
- PCN COVID+ve clinics and COVID assessment clinics TBD
- Next webcast tentatively scheduled for Monday, April 13