

# Caring for adults with COVID-19 in the home

## Quick reference guide

### Asymptomatic or mild symptoms

No clinical features suggesting moderate or severe disease or a complicated course of illness.

Characteristics include:

- no symptoms, or
- mild upper respiratory tract symptom or cough, new myalgia or asthenia without new shortness of breath or a reduction in oxygen saturation.

### Moderate illness – stable with respiratory and/or systemic symptoms or signs

Maintains oxygen saturation above 92% (or above 90% for people with chronic lung disease) with up to 4L/min oxygen via nasal prongs.

Characteristics include:

- prostration (severe fatigue), severe asthenia (weakness), fever  $>38^{\circ}\text{C}$  or persistent cough
- clinical or radiological signs of lung involvement
- no clinical or laboratory indicators of clinical severity or respiratory impairment.

### Risk factors

#### People 65 years and older with chronic medical conditions (Aboriginal people 50 years and older)

- Chronic renal failure
- Coronary heart disease
- Congestive cardiac failure
- Chronic lung disease such as severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease or chronic emphysema
- Poorly controlled diabetes
- Poorly controlled hypertension.

#### People 70 years and older

#### People with compromised immune systems

- Due to haematologic neoplasms such as leukemias, lymphomas and myelodysplastic syndromes
- Post-transplant, solid organ transplant and on immunosuppressive therapy
- Post-transplant, haematopoietic stem cell transplant in the last 24 months, or on treatment for graft versus host disease (GVHD)
- Primary or acquired immunodeficiency including HIV infection
- Having chemotherapy or radiotherapy.

#### Medical treatments that put people at greater risk

- Biological disease - modifying anti-rheumatic drug (bDMARD)
- Azathioprine, more than 3mg/kg per day
- 6-mercaptopurine, more than 1.5mg/kg per day
- Methotrexate, more than 0.4mg/kg per week
- High-dose corticosteroids (20mg or more of prednisone per day or equivalent)  $>14$  days or more
- Tacrolimus
- Cyclosporine
- Cyclophosphamide
- Mycophenolate
- Any combination of these or other DMARDs.

Less than 70 years and no risk factors		People on biological disease-modifying anti-rheumatic drug (bDMARD) or listed immunosuppressive drugs		Aboriginal people 50 years and older with one or more chronic medical condition. People 65 years and older with chronic medical conditions.		70 years and older	
Asymptomatic or mild illness	Moderate illness	Asymptomatic or mild illness	Moderate illness	Asymptomatic or mild illness	Moderate illness	Asymptomatic or mild illness	Moderate illness
Low	High	Medium	High	Medium	High	Medium	High

For people with COVID-19, monitor markers of clinical progression, such as rapidly progressive respiratory failure and sepsis, especially on days 5-10 after onset of symptoms ([covidvidence.net.au](http://covidvidence.net.au)).

Advise people and their carers or family members to look out for the development of new or worsening symptoms, especially breathing difficulties which may indicate the development of pneumonia or hypoxaemia.

### LOW RISK

#### Self monitoring and clinical contact

Day 1 – education on symptoms, self-monitoring and escalation.

Self-management until day 4 after onset of symptoms. From day 5, provide daily contact for assessment of any changes or new symptoms, and monitoring of mental wellbeing.

From day 11, self-management until discharge if the person is well.

If the person's condition changes, escalate the clinical risk.

Manage symptoms with paracetamol.

Maintain hydration.

### MEDIUM RISK

#### Virtual care and remote monitoring (non-admitted care)

Day 1 – education on symptoms, self-monitoring and escalation.

Team-based care with nursing observation and medically led assessment, if required.

2x daily clinical phone or video call wellness checks, including:

- symptom questionnaire (via app, telephone or videoconference)
- A-G assessment, including temperature and oximetry readings (either self-measured and reported or technology assisted)
- monitoring of mental health wellbeing.

Medical review when there are any changes in symptoms or deterioration as escalated by nursing staff.

### HIGH RISK

#### Hospital in the Home or hospital (admitted care)

Day 1 – education on symptoms, self-monitoring and escalation plan.

Team-based care with nursing observation and medically led assessment where required.

2-4x daily clinical phone or video call wellness checks, including:

- symptom questionnaire (via app, telephone or videoconference)
- A-G assessment including temperature and oximetry readings (either self-measured and reported or technology assisted)
- monitoring of mental health wellbeing
- virtual medical review by designated COVID-19 physician, as required.

Document information	
Version number	1
Original publication date	4 August 2020
Developed by	Virtual Care Community of Practice working group
Consultation	<ul style="list-style-type: none"> <li>Expert advice was sought from Hospital in the Home, Ambulatory Care, Mental Health, Ministry of Health Prevention and Response to Violence Abuse and Neglect (PARVAN) Unit, Emergency Care specialists and the Executive of the Virtual Care Community of Practice.</li> <li>Consultation was sought from the Clinical Excellence Commission, Primary Care, Community Health, Emergency Care, Virtual Care and Respiratory Communities of Practice.</li> <li>This document has been informed by existing clinical NSW COVID-19 services and in particular Sydney Local Health District RPA Virtual Hospital. The Guideline is informed by their COVID-19 Remote Monitoring Clinical Protocol and Model of Care written collaboratively by SLHD's RPA Virtual, Respiratory, Infectious Diseases, Emergency Care, Paediatric, Public Health and Mental Health disciplines and shared with the Virtual Care COP.</li> </ul>
Endorsed by	Nigel Lyons
Review date	
Reviewed by	
For use by	<p>Clinicians delivering virtual and clinical care to people with COVID-19 in the community, including:</p> <ul style="list-style-type: none"> <li>Virtual care services</li> <li>COVID response teams</li> <li>Community nursing</li> <li>Hospital in the Home</li> <li>Integrated care teams</li> <li>Primary care</li> </ul>



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