Follow-up of a patient with suspected COVID-19

AIM

Define the follow-up of a suspected untested case for Covid-19 disease.

DEFINITION

Suspected untested case: patient with symptoms of Covid-19 not tested (without access to the test or who does not meet local testing definitions).

START OF FOLLOW-UP

Patients suspected to have COVID-19 and who have not been tested are evaluated in the outpatient clinic (primary care doctor), in the ambulatory care center, in the emergency room or at home. These patients must receive self-isolation instructions according to their national / local authorities (for example in Switzerland, the FOPH - Federal Office of Public Health recommends a self-isolation of 48 hours without symptoms AND 10 days minimum. Patients also receive self-quarantine instructions for close contacts (close contacts = people living under the same roof + intimate relationships) according to national / local guidelines during this first evaluation. The first follow-up call is made at 48 hours after the initial assessment.

FOLLOW-UP PROCEDURE

At the first call, the team of the ambulatory care center checks whether the patient can be followed by his or her primary care physician. If so, the primary care physician takes over the follow-up with the available recommendations and tools (telemedicine, Patient-Reported-Outcomes questionnaire). The patient always has at his disposal the number of the CoviCare ambulatory center in which he was assessed.

If the attending physician is unavailable, monitoring continues by the team at the ambulatory center.

Steps

Confirm the name, first name and phone number of the caregiver (when available).

Check the risk factors and frailty criteria

*Risk factors:
>65 years old
Hypertension
Diabetes
Cardiovascular disease
Chronic respiratory disease
Immunosuppression
Cancer under treatment
Pregnancy

*Frailty criteria:
Psycho-social environment
Anxiety

Details issued by local medical societies regarding risk factors

Example in Switzerland: Explanations and position statement of the Swiss Lung Society concerning the understanding of chronic pulmonary diseases as a risk of serious progression of infection with SARS CoViD19, (18.3.2020)

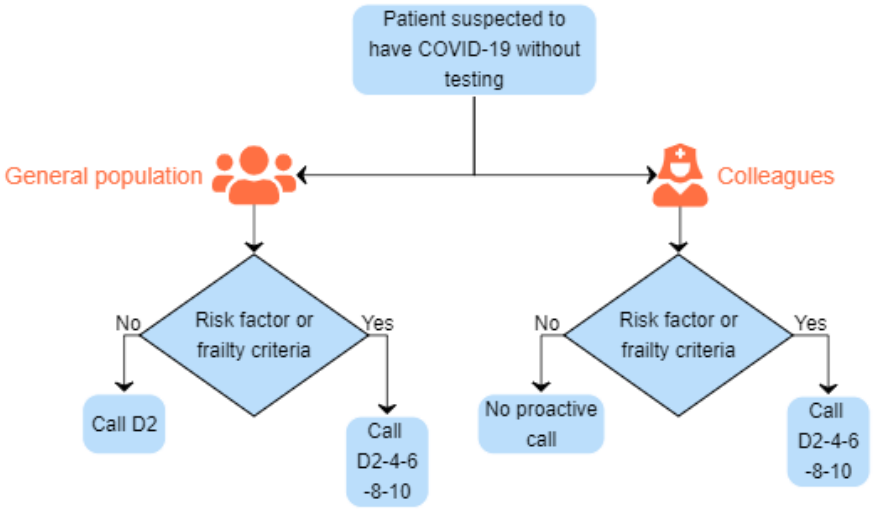
The Swiss Pulmonary Society considers the following diseases to be chronic lung diseases:

- Stage II-IV Chronic Obstructive Pulmonary Disease (GOLD criteria)
- Pulmonary emphysema
- Uncontrolled, particularly severe asthma
- Interstitial lung disease
- Active lung cancer
- Pulmonary arterial hypertension
- Pulmonary vascular diseases
- Active sarcoidosis
- Cystic fibrosis
- Chronic pulmonary infections (atypical mycobacterial infection, bronchiectasis etc.)
- Ventilated patients (regardless of reason)
- Sleep apnea in the presence of other risk factors

However, the following diseases are not interpreted as chronic lung diseases:

- Stage I Chronic Obstructive Pulmonary Disease (GOLD criteria)
- Controlled asthma
- Chronic sinusitis and chronic rhinitis
- Seasonal rhinitis
- Sleep apnea without other risk factors

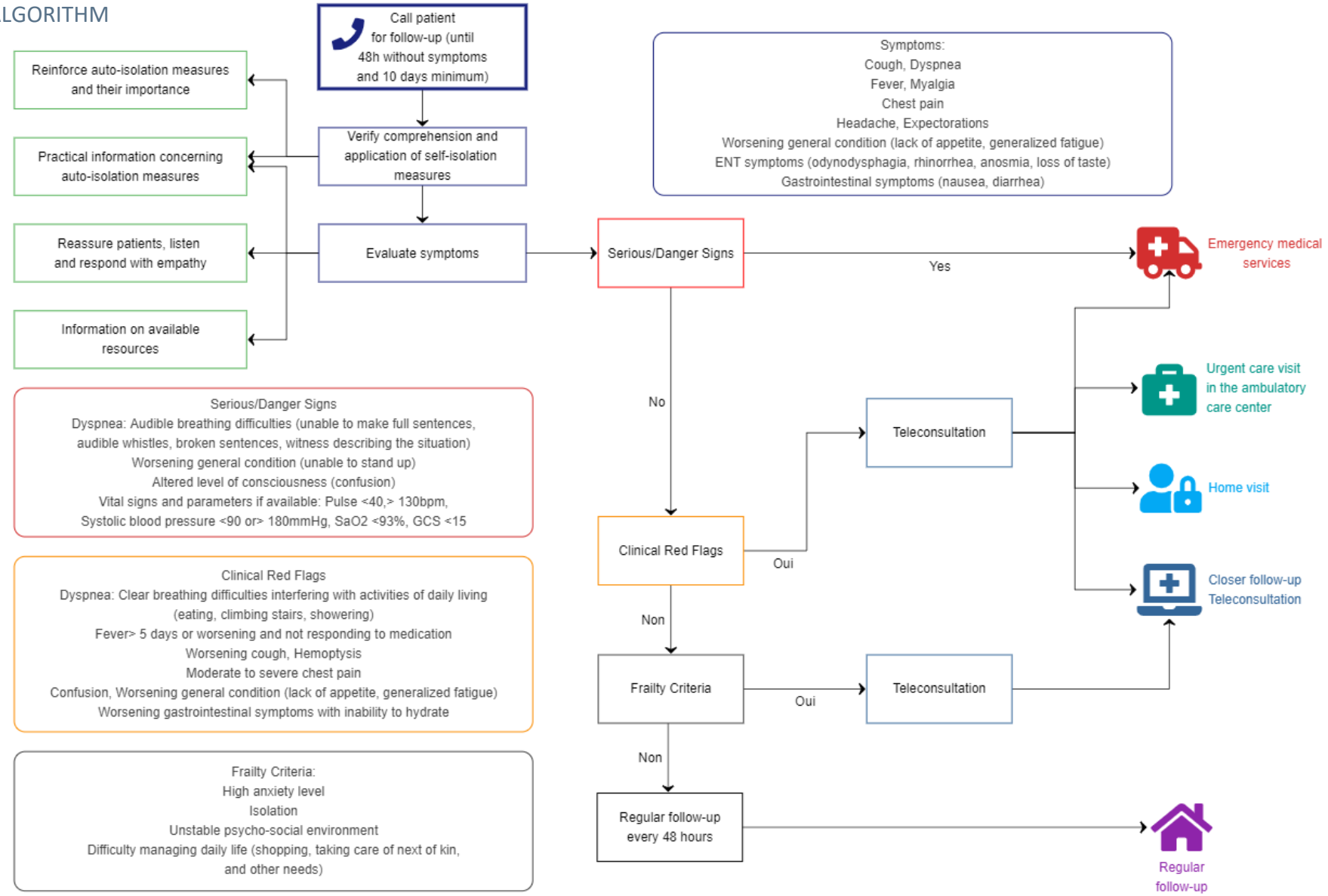
Monitoring frequency



During each call, check the symptoms, signs of severity, clinical red flags and frailty criteria and remind the patient of the self-isolation and self-quarantine measures (see above) as well as their importance.

COVICARE

ALGORITHM



Symptoms (based on local recommandations)

Symptom	Serious/danger signs	Clinical red flags	Frailty criteria
Cough		Worsening cough	
Fever		Fever > 38.5 C, worsening or not responding to medication	
Dyspnea	Audible breathing difficulty (unable to make full sentences, audible wheezes, broken sentences, witness describing the situation) NYHA stage IV	Clear breathing difficulty felt, interfering with activities of daily living (eating, climbing stairs, showering NYHA Stage III	
Chest pain		Moderate to severe chest pain	
Myalgia			
Hemoptysis		New hemoptysis	
Condition (performance status tool)*	Worsening general condition (unable to stand up) Performance status > 3	Worsening general condition (fatigue) Performance status 2-3	
Level of consciousness	Altered level of consciousness (confusion) Vital signs and parameters if available: Pulse <40,> 130bpm, Systolic blood pressure <90 or> 180mmHg, SaO2 <93%, GCS <15)	Altered level of consciousness (feeling faint, fatigue)	
Anxiety			High level of anxiety
Management of daily life			Special psychosocial environment (isolation, lack of help, etc.) Unable to care for loved ones, social needs

ORIENTATION

❑ Presence of hospitalization criteria * and / or serious/danger signs
- Emergency medical services for urgent assessment

❑ Patient without serious/danger signs but presence of red flag:
- Teleconsultation and according to the red flags, orientation towards the emergency medical services, a home visit by a specialized team of doctors, a visit to the ambulatory care center for further investigation or close monitoring (24 hours after the teleconsultation)

❑ Patient without serious/danger signs but suspected of pneumonia:
- Investigations are necessary in the event of suspected pneumonia. These investigations may take place at home or in the ambulatory care center, depending on the resources available.
  - Laboratory with complete blood count, Na / K urea, creatinine, CRP. Urinary Ag, ECG, liver test new consultation in the presence at 24 hours or by teleconsultation
  - Chest x-ray
- Follow-up consultation within 24 hours (at ambulatory care center or by telemedicine)

❑ Patient without serious/danger signs, without red flags but presence of frailty criteria:
- Closer follow up in person or by teleconsultation, with the available mental health and social support resources at hand

❑ Patient stable or improving, without serious/danger signs, without red flags and without frailty criteria
- Regular monitoring at 48 hours

Documentation
Document the follow-up on an electronic platform if available (for example, in our center: Redcap), otherwise on paper or internal system within the institutions.

END OF MONITORING

For patients without risk factors:
A follow-up ends on D2 if no clinical red flags or frailty criteria. If the patient has at least a clinical red flag or a criterion of frailty, a decision must be made to continue close monitoring or refer the patient according to his state of health.

For patients with risk factors:
A follow-up ends in the event of death or clinical recovery (in our center: 48 hours asymptomatic AND 10 days minimum)

In the event of hospitalization, follow-up is resumed upon discharge (see Post Hospitalization)

GENERAL RECOMMANDATIONS USED IN OUR CENTER

General population
Cantonal site for treating physicians (https://www.ge.ch/covid-19-professionnels-sante-reseau-soins/medecins-traitants)
HUG site for health professionals (https://www.hug-ge.ch/coronavirus/recommandations-pour-professionnels-sante)

Health care workers (HCW)
Health care workers are the workers who care for and are in direct contact with patients in an acute care establishment. Symptomatic health care workers should be tested according to local recommendations whenever possible.

Recommendations for healthcare professionals (Swissnoso 20.3.2020)
Basic measures for all situations: excellent respect for hand hygiene, standard precautions and social distancing among health professionals and other professionals inside and outside the hospital.
Symptomatic health care workers awaiting results can continue to work while wearing a surgical mask if mild symptoms / absence of fever.

Health care workers with unprotected contact with COVID+ patients
Definition
A health care worker who had unprotected direct contact with infectious secretions from a case of COVID-19 (for example, through cough, touching used tissues with bare hands without immediate practice of hand hygiene)
A health care worker who had unprotected contact with a COVID-19 case within 2 meters and for more than 15 minutes.

Measures
Measures to take after unprotected contact with a COVID-19 patient
Active self-monitoring of symptoms of fever and respiratory symptoms for 14 days
Health care workers can continue to work as long as they are asymptomatic and must:

i) Wear a surgical mask when in close contact (<2m) with patients and colleagues AND
ii) Ensure excellent hand hygiene

Measures outside of work: Health care workers should avoid crowds.
Access to screening if symptomatic and follow the recommandations above.

NSAIDs and COVID-19
To date, there is no causal link between taking NSAIDs and worsening of a COVID-19 infection but as a precautionary measure, we recommend the use of paracetamol as first line.