

Follow-up of a patient with confirmed COVID-19

AIM

Define the follow-up of a patient with confirmed COVID-19.

START OF FOLLOW-UP

Before receiving their positive test results, patients have been 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 24 hours after test results are received.

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 primary care 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

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

<p>*Frailty criteria: Psycho-social environment Anxiety</p>
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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

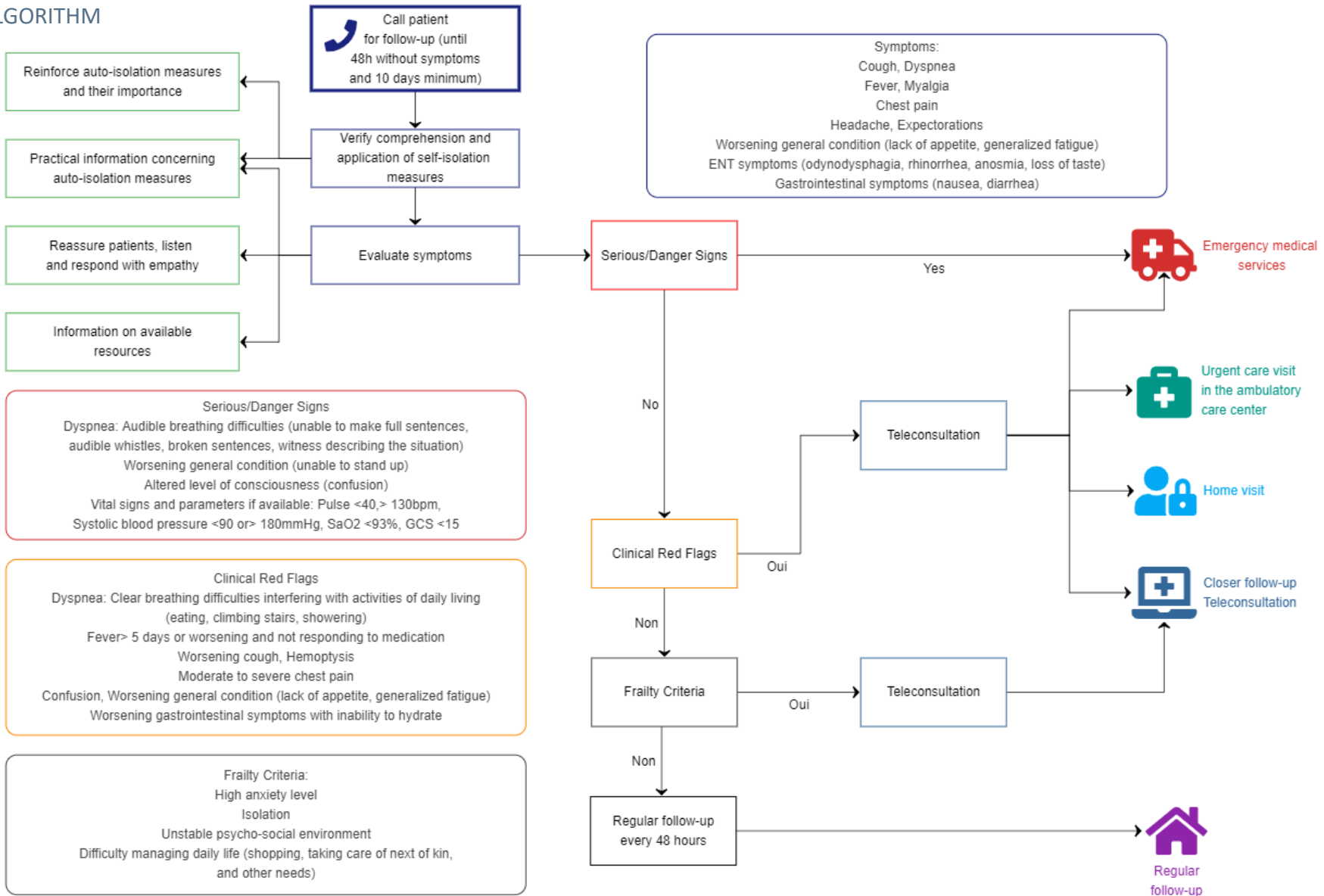
Monitoring frequency

Calls are made every 2 days until the end of the self-isolation period. Closer follow-up is possible depending on clinical/social status (see below)

During each call, check the symptoms, serious/danger signs, 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.

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Symptoms (based on local recommendations)

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

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-reseausoins/medecins-traitants>)

HUG site for health professionals (<https://www.hug-ge.ch/coronavirus/recommandations-pour-professionnels-sante>)

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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.

Local recommendations for health care workers are:

COVID-19 positive with mild symptoms and no fever	-Isolation at home for 48 hours -Can return to work if feeling better. Has to wear a surgical mask for 10 days from the onset of symptoms
COVID-19 positive with pronounced symptoms (fever, cough, difficulty breathing, generalized fatigue)	-Isolation at home and return to work when the fever subsides AND the respiratory symptoms have clearly improved for 48 hours -When returning to work, compulsory wearing of a surgical mask for 10 days from the onset of symptoms

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 recommendations 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.