Patient care during coronavirus
Oxfordshire
NHS

CARE HOME RESIDENTS WITH COVID-19: CLINICAL TIPS FOR CARERS

This guidance has been developed to support **carers** who work in people's homes, care homes and other homely environments. It is intended to inform and complement the Standard Operating Procedures put in place by service providers across the county. It is based on the national Public Health England, NHS and Environment Agency guidance for COVID-19 available on the date of publication given above.

Infection prevention and control

Please see related national documentation about how to safely use PPE to protect yourself and residents.

See also national guidance on

- isolating or cohorting patients who have suspected COVID-19
- those who have tested positive for COVID-19, and
- those who must be shielded from it

Recognising that a resident might have COVID-19

The most common symptoms of COVID-19 infection are

- fever over 37.8 C, or
- new persistent cough.

People may also feel

- breathless
- exhausted
- have muscle aches and pains
- loss their appetite or sense of smell
- have headaches, or
- GI upset, including diarrhoea, nausea and some vomiting.

In older people who are frail, COVID-19 may not be so obvious, and should be suspected if residents

- fall or are less mobile
- become confused (delirium), have worsening confusion or agitation
- become sleepy and reluctant to get out of bed

What to do if you suspect a resident has COVID-19

If you suspect a resident might have COVID-19, you should:

1. Explain to the resident what is happening and isolate them in their room away from other people
2. Tell the home manager or co-ordinator
3. Inform the resident's GP of your concerns about the resident.

The GP should then

- notify Public Health England about suspected cases and request testing;
- review a resident's medication and, for example, stop their diuretics (water tablets) if the person has lost their appetite to eat and drink – this will protect their kidneys;
- arrange a review of the patient if the diagnosis is uncertain;
- prescribe medicines to control some of the symptoms.

How to care for the resident

Arrange things in the home so that the person with suspected COVID is tended to after the people who do not have COVID, where possible, to reduce risk of spread.

Make sure that there is a supply of PPE outside the resident's room, and a bin into which PPE can be put just inside the door of the room.

Consider how far you can reduce the need to enter the room by grouping the activities that need to be done together, as far as possible.

Consider using a Buddy system when staffing allows, with one person staying in the room until all care needs are complete and one person staying outside the door, able to fetch and carry.

Duration of infectivity and illness. For most people, even the frail and elderly, this is a short illness for about 5-7 days followed by recovery. An affected resident must remain isolated for at least 7 days, and until they have had no fever for 48 hours and their symptoms are improving. Note that the cough can continue for 3 weeks, but as long as the resident is otherwise improving and has not had a fever for 48 hours, they are not considered infectious from day 8 after their symptoms started.

Unfortunately, some people with COVID-19 will get a more serious illness, such as pneumonia in the lungs and sometimes involvement of their kidneys, heart and liver.

Symptom control for a resident with COVID-19

Fever and headache can be treated with paracetamol. Ibuprofen is not generally recommended in the elderly because of the risk of kidney impairment or stomach ulceration.

Hydration is very important, aim for around 2 litres of fluids a day for most residents. Keeping residents well hydrated helps keep the fever down, protects their kidneys, and means they are less likely to get confused due to their infection. Some residents will need help from a carer to drink sufficiently. If a resident is not drinking enough (and is therefore passing very little urine, or the urine becomes orange or brown in colour, rather than pale yellow), get advice from the care home support service or the GP.

Cough can be an annoying symptom. Some people find a spoonful of honey helpful. If this does not help, GPs can advise on the use of medications such as codeine or morphine to control this.

Muscle Pain can occur anywhere in the body – even in the muscles that move the eyes in some people! Oral paracetamol or an anti-inflammatory gel rubbed on the affected muscles may help.

Delirium / new or worsening confusion. COVID-19 can cause delirium (new or worsening confusion). Delirium may happen in any patient with severe infection, including younger patients. Delirium is a fluctuating confusion which can cause the resident to be either agitated and restless, or, the opposite, sleepy and drowsy. It can continue for several days, and sometimes for weeks.

Environmental factors are important to reduce delirium, so consider:

- Is the person in familiar surroundings?
- With good lighting?
- Have they got their glasses, hearing aids and teeth?
- Can they see a clock and calendar displaying the day and date?
- Has someone explained why people are wearing PPE?

Make sure that you have checked for other possible causes of confusion – there may be more than one cause. In particular, check if the resident:

- Is in pain?
- Is unable to pass urine?
- Is constipated?

As all of these can cause delirium. It can be very difficult to keep a resident with COVID-19 and 'hyperactive delirium' safely isolated, so to reduce the risk of spreading infection to other residents and staff, it may be necessary to ask the GP to prescribe a medication to control this. The regulations on Deprivation of Liberty Safeguards have been amended to enable this.

Breathlessness. Be aware that severe breathlessness often causes anxiety, which can then increase breathlessness further. Actions you can take to help to manage breathlessness include

- keeping the room cool, to improve air circulation by opening a window (but do not use a fan because this can spread infection);
- encouraging relaxation and breathing techniques; and
- changing their body positioning – sit the resident upright or enable them to lean forward with arms resting on a table. Avoid lying a breathless resident flat on their back.

The GP or Community Clinician may have asked you to monitor a resident's oxygen levels with a pulse oximeter. With COVID-19, sometimes someone's oxygen levels can fall, without them becoming breathless. Please use the **CALM Pulse Oximetry Diary** to do this.

Signs of worsening disease

Older people, or those with other chronic health conditions, frailty, impaired immunity or a reduced ability to cough and clear their secretions, are more likely to develop severe pneumonia. Some people will benefit from hospital admission to support them through a period of more severe COVID-19 disease. Signs and symptoms of more severe disease include:

- severe shortness of breath at rest or difficulty breathing
- coughing up blood
- blue lips or face
- feeling cold and clammy with pale or mottled skin
- collapse or fainting (syncope)
- new confusion
- becoming difficult to rouse
- little or no urine output.

Decisions about hospital admission

The decision about whether to admit a resident to hospital should be taken in conjunction with the patient, their carers, next of kin, and the clinical staff (and if the patient lacks capacity, then working within the framework of the Mental Capacity Act 2005). Take into account

- the severity of their illness, including symptoms and signs of more severe pneumonia
- the care that can be offered in hospital compared with the care offered in the home
- the patient's wishes, advance directives and care plans
- local NHS resources available during the COVID-19 pandemic, including If GP or paramedic able to refer Hospital at Home services, day assessment units (EMUs) and ambulatory care
- the risks of hospital admission - this includes the loss of contact with families who may not be permitted to visit and being away from familiar surroundings and carers.

End of Life Care

Sadly, some residents will not recover from their COVID-19 illness. The disease, in combination with their pre-existing medical problems, will be too much for some residents to cope with and they will die. For some people with COVID-19, death can happen quite suddenly and unexpectedly, possibly from the effect the virus has on the heart.

It is important to know what Advanced Care Plans have been put in place for a resident, including whether they would want treatment in hospital or not. If a resident is in the terminal phase of their illness, please follow the End-of-Life guidelines which have been drawn up separately. A **24-hour End-of-Life Care advice helpline** for is available for Oxfordshire carers and clinicians on 0300 561 1900.

Support for Carers

Carers are under enormous stress, working very hard, in unfamiliar ways, to keep residents and themselves safe. You may be caring for very sick residents and may need to deal with the deaths of residents. To support to you and your teams at this difficult time, local Palliative Care Consultants are available to talk with you about any concerns or worries you may have, including the stresses of looking after a dying patient or dealing with loss and bereavement. Please let the Care Home Support Service know if you would like their help.

References

British Geriatric Society Guidance on the Management of Delirium:
https://www.bgs.org.uk/resources/coronavirus-managing-delirium-in-confirmed-and-suspected-cases

DOLS during COVID-19:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878910/Emergency_MCA_DoLS_Guidance_COVID19.pdf

Mental Capacity Act 2005: https://www.legislation.gov.uk/ukpga/2005/9/contents

NICE COVID Symptom management and end of life care:
https://www.nice.org.uk/guidance/ng163

SIGN Guideline for Delirium: https://www.sign.ac.uk/sign-157-delirium

Working safely in Care Homes:
https://www.gov.uk/government/publications/COVID-19-how-to-work-safely-in-care-homes