

COVID-19 Resident Core Care Plan Pack

Instruction

This Care Plan can be used for any resident suspected of or with a diagnosis of Covid-19.

Some additional Daily Records are included.

Other local daily records, such as fluid balance, food diary and so on should be included in the pack.

Problem/Need
Suspected <input type="checkbox"/> Diagnosis <input type="checkbox"/> of COVID-19 infection.
Resident has: Cardiovascular disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/>
Risk of complications of Covid-19: acute deterioration in condition <input type="checkbox"/> Pneumonia, <input type="checkbox"/> Sepsis <input type="checkbox"/> Pressure ulcer development: <input type="checkbox"/> Delirium <input type="checkbox"/>
Breathlessness <input type="checkbox"/> shortness of breath <input type="checkbox"/> Malnutrition <input type="checkbox"/> Dehydration <input type="checkbox"/> Anxiety <input type="checkbox"/> Loneliness <input type="checkbox"/> Agitation <input type="checkbox"/>
Goals:
To provide symptomatic care and treatment related to Covid-19.
To monitor for signs of acute deterioration in condition and respond appropriately.
To address potential problems and risks associated with Covid-19 and its effect on the resident.

1. Special Treatments and Procedures (Tick as appropriate for individual resident's needs))

Oral Swabs: Due: Taken .../.../.... Nasal Swabs: Due Taken .../.../.... Results: /.../....

Put on the following PPE for all direct care activities single use nitrile gloves, full sleeve gown, surgical Face mask and goggles

Complete vital signs including O2 Saturation (*at least twice a day*) or every hours and respond as per track and trigger chart.

Educate the resident on hand washing and respiratory etiquette.

Ensure tissues and healthcare risk waste bin or bag are available beside the resident.

Restrictive interventions: Bedrail Lap belt other (specify).....Consent from resident Verbal Written Unable to communicate consent


👉 Observe for signs of pneumonia and report to nurse in charge. These are: fever + one of the following respiratory rate >30 breaths/minute, severe respiratory distress SpO₂ ≤93% on room air.

👉 The following may be signs of sepsis and should be reported immediately to the nurse in charge.
(Fever ≥38°C, Temperature ≤36°C, Rigours / Shivering, Increased Confusion, Shortness of Breath, Rapid Breathing >20, Rapid Pulse rate > 90)

👉 Ensure current PEEP is in place and update where the resident's condition changes.

Additional special treatments and procedures required:

2. Breathing (Tick as appropriate for individual resident's needs)

- Observe for changes in breathing pattern such e.g. shortness of breath more than usual, increased respiratory rate.
 - Support the resident to maintain a partial upright position as tolerated to assist breathing.
 - Ensure the room is well ventilated/window open to assist with breathlessness.
 - Administer nebuliser medications as prescribed.
 - Administer oxygen therapy as prescribed via oxygen mask nasal cannula
 - Administer medications for breathing as required.
 - Monitor for changes to skin integrity related to use of oxygen equipment'
 - Provide suctioning to relieve respiratory secretions every Hours.
 - Provide reassurance to the resident with breathing difficulties
-  New onset or increased Shortness of Breath, Rapid Breathing >20 can be indicative of sepsis or severe illness and should be reported to the resident's GP.

Additional breathing care needs

3. Nutrition & Hydration: (Tick as appropriate for individual resident's needs)

Usual appetite Good Fair Poor No appetite **Has difficulty with swallowing**

At risk of acute Malnutrition At risk of Dehydration Has a risk of Choking Needs a specialised diet (*specify*)

Food Texture Fluid Consistency.....

Needs prompting supervision assistance when eating and drinking (*If yes, provide details in additional care needs below*)

Position upright when eating or drinking Position upright for 30 minutes after meal

Monitor for food intake through general observation food diary

Offer small amounts of food frequently Offer snacks as tolerated such as

Encourage fluid intake >1,500mls per day Offer Fluids (*specify type and frequency*).....

Monitor for fluid intake through general observation fluid balance chart On Subcutaneous Fluids

Ensure resident has aids / equipment for eating and drinking (*if yes, specify*)

Has Type 1 Diabetes Type 2 Diabetes Blood sugar levels to be taken (*specify time / frequency*)

Additional nutrition and hydration care needs

4. Skin Integrity.

Risk of Pressure Ulcer Development. **Score** Existing **A** Pressure injury **B** Skin tear **C** Moisture lesion **D** Discolouration
E Bruising (if yes to **A** to **D**, specify location).....

👉 If new discolouration or mottling of the skin is noted, this may be a sign of septic shock or cardiovascular complications which would require immediate hospitalisation if the resident is for active treatment or a clearly recorded palliative care decision if not already in place. Report to senior manager for discussion with GP.

- Reposition every Hours
- Check skin and pressure areas when repositioning and when giving personal care .
- Use soap free cleanser /soap substitute moisturiser barrier cream for cleansing affected skin to prevent moisture lesion (if incontinent)
- Use of mattress while in bed. (if yes, specify type and required mattress settings)
- Use of a pressure relieving cushion when sitting out (if yes, specify type)
- Provide wound care in accordance with wound assessment and management plan.

Additional Skin Care Needs:

5. Personal Hygiene and Oral / Dental Care:

- Check resident has items to carry out personal hygiene independently.
- Provide Prompting Supervision Assistance of 1 Assistance of 2 with washing and dressing.
- Assist with Shower Wash Bed bath everyday(s)
- Offer choices with dressing
- Assist Prompt Supervise with oral hygiene using toothbrush on natural teeth upper dentures lower dentures.
- Provide oral hygiene care using mouth tray every Adhere to skin care as per skin integrity care plan.

Additional personal hygiene and oral care needs.

6. Elimination

- Resident can go to the toilet independently. Is unable to communicate need for toileting Prompt Supervise toileting everyhrs.
 - Offer assistance with toileting every hrs. Assist with walking to the toilet undoing clothing sitting on toilet personal and hand hygiene every Hours. 🖐️ **Remind resident to wash hands after toileting.**
 - Displays the following cues when needing to go to the toilet:.....
 - Is incontinent of urine faeces Wears incontinence wear (specify type/ size)
 - Change incontinence wear every hours. Urinary catheter in situ: Indwelling urinary suprapubic
 - Empty urinary catheter bag every hours. Record urinary output on fluid balance chart. Record bowel movements .
 - Observe for and report decreasing urinary output as per track and trigger chart.
- 🖐️ **urine output of < 400mls in 24 hrs must be reported to nurse in charge.**

Additional Elimination Care Needs.

7. Cognition

- resident is orientated to person, place and time Has short term memory long term memory difficulties
 - Introduce yourself to resident at each care encounter. Remind resident of day and time. Remind resident of where he/she is.
 - Remind resident at each care encounter of the need for handwashing and respiratory etiquette.
 - Assist resident with everyday decision-making such as what to wear / mealtimes etc.
 - Refer to person in charge and GP for decisions that carry a significant risk such as end of life care, catheterisation and so on
 - Monitor for any changes to cognition such as new or increased confusion
- 🖐️ **New confusion or increased confusion must be reported to the nurse in charge.**

Additional cognition care needs

8. Communication:

Resident has

- no difficulty communicating
- difficulty understanding what's being said
- difficulty finding words
- impaired hearing
- impaired eyesight.

Use Verbal gestures pen and paper pictures when communicating with the resident Other (specify)

-
- Prompt** resident to insert hearing needs prompt to put on glasses **Assist** resident with putting on glasses inserting hearing aids.
 - Face resident when speaking to him/her
 - minimise background noise
 - use short simple sentences when communicating
 - Speak clearly and slowly
 - Allow time for resident to respond.
 - Check the residents understanding of what has been said .

Additional Communication Needs.

Mood, Behaviour, Psychosocial Needs.

Observe for signs of loneliness boredom anxiety agitation low mood


Identify the cause of the above through discussion with resident observation of non-verbal cues and behaviours.


provide means of communicating with loved ones through Skype Facetime every (specify frequency)

turn on television for the following times/programmes

.....
 Provide the following items to facilitated self-directed activities

(keeping items to a minimum to avoid contact transmission of infection).
 Provide information to resident to alleviate fears. Explain the purpose of all interventions appropriate to the resident's communication needs as per communication and cognition care plans.

 Where a resident's behaviour (eg wandering) is placing him/herself or others at risk of infection, inform the nurse in charge and GP will need to be consulted for advice.

 Acute changes in behaviour should be reported to the nurse in charge as they may be indicative of delirium or worsening of severity of infection.

Additional Mood, behaviour and Psychosocial Needs.

9. Mobility

Mobilises Independently With Zimmer frame with rollator with supervision with assistance of 1 with assistance of 2

Refer to moving and handling chart for all transfers. Resident is at risk of falls. Falls score:

remind resident to ring the bell before getting out of bed and chair. ensure falls alarm is in place ensure sensor alarm is in place

Additional mobility care needs.

10. Pain

On pain management interventions for pain associated with (*specify illness/condition*)Location:.....

Observe for new pain Observe for break through pain related to existing illness /condition referred to above.

Identify presence of pain through verbal report from resident Known non-verbal cues used (*specify*)

Observe for any signs of new or uncontrolled pain (*e.g., moaning, groaning, grimacing, guarding, agitation, acute behaviour changes*) and record.

Report any new or uncontrolled pain to the nurse in charge

Administer pain medication as charted and observe for effectiveness of same

Provide the following non-pharmacological interventions for pain
.....

Complete pain monitoring chart before and after interventions to address pain.

Additional pain care needs.

11. Sleep and Rest.

- Sleeps at night, without any specific interventions. Likes to nap during the day (*specify*).....
- Usual bedtime (*specify*).....Bedtime routine (*specify*).....
..... Sleep pattern:.....
- Administer night sedation as prescribed.
- Observe for changes in sleep pattern and discuss with resident or nurse in charge.
- Observe for signs of fatigue related to infection. Encourage rest and increase assistance with activities where fatigue is present.

Additional sleep and rest needs

12. End of Life Care

- The resident is at the advanced stages of an underlying progressive disease requiring relief from and management of symptoms.
- Ensure that the resident's wishes and preferences for end of life care are recorded and reflective of a Covid-19 diagnosis.
- DNAR form completed
- Monitor and record at least four hourly the presence of pain, breathlessness, respiratory secretions, nausea and vomiting and fatigue.
- Liaise with residents GP/palliative care team re symptom management individual to the resident.
- Increase frequency of monitoring symptoms as needed. Provide symptomatic relief of symptoms as prescribed.
- Provide the following interventions to meet the resident's spiritual/religious needs (*specify according to individual beliefs and preferences*):
.....
.....
- Arrange for family/significant others to greet the resident from outside the window phone resident Skype Facetime
(*even in the last days, it may be possible to hold the phone to the resident's ear so that family can speak to the resident*)
- Play known preferred music in the background.

Additional End of Life Needs



10 First Name: Middle Initial Surname: ID Number: DOB: GP:

11 First Name: Middle Initial Surname: ID Number: DOB: GP: