

## Care Plan Considerations Based on Common COVID-19 Infection Symptoms

SYMPTOM	RISK	TREATMENT PLANNING CONSIDERATIONS	SAMPLE CARE PLAN GOALS
Fever (87%) Chills	<ul style="list-style-type: none"> <li>Dehydration</li> <li>Discomfort</li> </ul>	<ul style="list-style-type: none"> <li>Physician Review</li> <li>Monitor V/S, Comfort</li> <li>Hydration Assessment</li> <li>Provide Fluid Preferences</li> <li>Antipyretic medications</li> <li>Dietary Consult</li> </ul>	<ul style="list-style-type: none"> <li>I will maintain a body temperature WNL.</li> <li>I will not experience signs or symptoms of dehydration including decreased skin turgor, dry mucous membranes, tachycardia/weak rapid HR, thirst, weakness, or alternations in mental state.</li> </ul>
Cough (67.8%) Congestion/runny nose (4%) Hypoxemia Dyspnea/SOB Upper Respiratory Symptoms Pneumonia ARDS	<ul style="list-style-type: none"> <li>Ineffective airway clearance</li> <li>Impaired gas exchange</li> <li>Secondary infection</li> </ul>	<ul style="list-style-type: none"> <li>Respiratory Therapy</li> <li>OT/PT Consult</li> <li>Monitor Vitals (sPO2, RR, HR, BP, RPE, Dyspnea Scale)</li> <li>Respiratory Assessment</li> <li>Activity Pacing and Reduced Exercise Intensity /BORG</li> <li>Infection Control with Focus on Aerosolizing Procedures</li> <li>Respiratory Strategies</li> <li>Diaphragmatic breathing</li> <li>Inspiratory muscle training</li> <li>Incentive Spirometer</li> <li>Pursed Lip Breathing</li> <li>Postural control exercises</li> </ul>	<ul style="list-style-type: none"> <li>I will maintain effective airway clearance AEB no signs/symptoms of pneumonia/ARDS development.</li> <li>I will maintain effective gas exchange AEB O2 sats above 90%.</li> <li>I will not develop a secondary infection AEB clear chest x-ray and normal WBC lab.</li> </ul>
GI/Digestive Symptoms (50.5%) <ul style="list-style-type: none"> <li>Loss of Appetite (78.6%)</li> <li>Diarrhea (34%)</li> <li>Nausea (5%)</li> <li>Vomiting (3.9%)</li> <li>Abdominal Pain (1.9%)</li> </ul>	<ul style="list-style-type: none"> <li>Dehydration</li> <li>Weight Loss</li> <li>Skin Breakdown</li> </ul>	<ul style="list-style-type: none"> <li>Physician Review</li> <li>Dietary Consult</li> <li>Nutrition and Hydration Assessment</li> <li>Anti-Emetic Medications</li> <li>Anti-Diarrheal Medications</li> <li>Appetite Stimulant</li> </ul>	<ul style="list-style-type: none"> <li>I will not experience a weight loss of <math>\geq 3</math> pounds.</li> <li>I will not develop dehydration AEB lab values within normal parameters (i.e. BUN, Creatinine, GFR etc.) and no signs/symptoms of dehydration (i.e., concentrated urine, dry mucous membranes, dizziness, confusion, etc.).</li> <li>I will maintain intact skin.</li> <li>I will maintain nutritional lab values within normal parameters (i.e, Total Protein, Albumin, Pre-Albumin etc.).</li> </ul>

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Loss of Taste Loss of Smell	<ul style="list-style-type: none"> <li>• Imbalanced Nutrition</li> <li>• Decreased Intake</li> <li>• Weight Loss</li> <li>• Dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition and Hydration Assessment</li> <li>• Dietary Consult</li> <li>• Speech Therapy Consult</li> <li>• ENT Referral</li> <li>• Nutritional Supplements or Medications</li> <li>• Monitor Intake and Output</li> </ul>	<ul style="list-style-type: none"> <li>• I will ingest sufficient food/fluids to meet my metabolic needs as evidenced by maintaining my weight at [ ] +/- 5 lbs.</li> <li>• I will stay well hydrated as evidenced by maintaining vital signs, skin turgor, and urinary output within my normal limits.</li> </ul>
Psychosocial symptoms related to isolation/fear of diagnosis	<ul style="list-style-type: none"> <li>• Ineffective Coping</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Recurrence of Behaviors</li> <li>• Change in Usual Communication Patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Social Services Consult</li> <li>• Counselor/Psychologist/Psychiatrist Referral</li> <li>• Chaplain Support</li> <li>• Trauma Screening</li> <li>• Person Centered Activity Planning</li> <li>• Family Engagement</li> <li>• Alternative Communication Techniques (e.g., Skype, FaceTime)</li> </ul>	<ul style="list-style-type: none"> <li>• I will verbalize my feelings related to [ ].</li> <li>• I will use available resources and support systems.</li> <li>• I am able to [ <i>example: communicate with my friends and family via video calls on my personal cellular device</i>] and accept support from staff.</li> <li>• I will initiate effective coping strategies including [ ].</li> </ul>
Sleep Disturbance	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Functional Decline</li> <li>• Mood Decline</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor Sleep Patterns</li> <li>• Occupational Therapy Consult</li> <li>• Physician Review</li> <li>• Social Services Consult</li> <li>• Identify Underlying Cause(s)</li> <li>• Discourage Caffeine</li> <li>• Consider Risks vs. Benefits of Short-Term Sleep Aid</li> </ul>	<ul style="list-style-type: none"> <li>• I will achieve an optimal amount of sleep as evidenced by verbalizations of feeling rested, improvement in my sleep pattern, and a rested appearance.</li> </ul>
Delirium	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Falls/Accidents</li> <li>• Dehydration</li> <li>• Pressure Ulcers</li> <li>• Weight Loss</li> <li>• ADL Decline</li> <li>• Sleep Disturbance</li> <li>• Behaviors</li> <li>• Hallucinations/Delusions</li> </ul>	<ul style="list-style-type: none"> <li>• Physician Review</li> <li>• Social Services Consult</li> <li>• PT/OT/ST Consult</li> <li>• Identification of Contributing Factors and Approaches Based on Pathophysiology</li> <li>• Behavior Management</li> <li>• Lab studies to r/o dehydration, UTI, diabetic ketoacidosis, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• I will regain normal reality orientation and level of consciousness.</li> <li>• I will not cause harm to myself or others.</li> <li>• I will use coping strategies to effectively deal with behaviors/hallucinations/delusions.</li> <li>• I will remain free of injury.</li> <li>• I will participate in ADLs and maintain my current functional ability.</li> </ul>

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Cognitive Function Decline	<ul style="list-style-type: none"> <li>Executive Function Disorder</li> <li>Impaired Ability to Maintain Precautions</li> <li>Behavioral Issues</li> </ul>	<ul style="list-style-type: none"> <li>BIMS/Cognitive Assessment</li> <li>Social Services Consult</li> <li>OT/ST Consult</li> </ul>	<ul style="list-style-type: none"> <li>I will maintain effective communication and understanding.</li> <li>I will exhibit minimal or reduced confusion, memory loss, or cognitive disturbances.</li> </ul>
Weakness Fatigue	<ul style="list-style-type: none"> <li>Falls/Accidents</li> <li>Swallowing Impairment</li> <li>ADL Decline</li> <li>Immobility</li> <li>Pressure Ulcers</li> </ul>	<ul style="list-style-type: none"> <li>OT/PT Consult</li> <li>Restorative Nursing Services</li> <li>Fall Prevention</li> <li>Early and Frequent Mobility</li> <li>Range of Motion Exercises</li> <li>Adaptive Equipment</li> <li>Energy Conservation</li> </ul>	<ul style="list-style-type: none"> <li>I will display and use effective energy management techniques.</li> <li>I will perform basic activities without excessive exhaustion or loss of energy.</li> <li>I will maintain regular cardiovascular and respiratory functions during activities.</li> <li>I will display physiological improvements over time.</li> </ul>
Myalgia (31%) Sore Throat (13.9%) Arthralgia Headache	<ul style="list-style-type: none"> <li>Pain/Discomfort</li> <li>Decreased PO Intake (sore throat)</li> </ul>	<ul style="list-style-type: none"> <li>Physician Review</li> <li>Pain assessment</li> <li>Monitor Intake (sore throat)</li> <li>Analgesics</li> </ul>	<ul style="list-style-type: none"> <li>I will display improved well-being such as baseline levels for vitals and relaxed muscle tone and body posture.</li> <li>I will use pharmacological and nonpharmacological pain-relief strategies.</li> <li>I will maintain satisfactory pain control at a level less than 3-4 on a 0-10 rating scale.</li> </ul>
Dizziness (16%) Neurological Symptoms	<ul style="list-style-type: none"> <li>Falls/Accidents</li> <li>Hypotension</li> <li>Stroke</li> <li>Communication Impairment</li> <li>Vertigo</li> </ul>	<ul style="list-style-type: none"> <li>Neurological Assessment</li> <li>OT/PT/Speech Consult</li> <li>Restorative Nursing Services</li> <li>Neurologist Referral</li> <li>Change Position Slowly</li> </ul>	<ul style="list-style-type: none"> <li>I will be free from accidents/injury.</li> <li>I will improve or maintain my usual level of consciousness, cognition, and motor/sensory function.</li> </ul>
Rash	<ul style="list-style-type: none"> <li>Discomfort</li> <li>Itching</li> <li>Skin Impairment</li> </ul>	<ul style="list-style-type: none"> <li>Skin Assessment</li> <li>Physician Review</li> <li>Monitor for Infection</li> </ul>	<ul style="list-style-type: none"> <li>My rash will resolve without complication within [<i>appropriate timeframe</i>].</li> <li>I will avoid itching/scratching the affected area(s)</li> <li>I will verbalize a decrease in discomfort or ability to cope with unrelieved discomfort.</li> </ul>

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Cardiac Myositis	<ul style="list-style-type: none"> <li>Decreased Cardiac Output</li> <li>Pain/Discomfort</li> <li>Generalized Weakness</li> </ul>	<ul style="list-style-type: none"> <li>Physician Review</li> <li>Cardiac Assessment</li> <li>Monitor Vitals (sPO<sub>2</sub>, RR, HR, BP, RPE, Dyspnea Scale)</li> </ul>	<ul style="list-style-type: none"> <li>I will have adequate cardiac output as evidenced by vital signs within my normal limits and no signs or symptoms of heart failure.</li> <li>I will verbalize decreased episodes of dyspnea and/or angina</li> <li>I will participate in ADLs and maintain or improve my current functional ability</li> </ul>
Common Abnormal Lab Values in COVID-19			
Increased		Decreased	
<ul style="list-style-type: none"> <li>CRP</li> <li>LDH</li> <li>ESR</li> <li>D-Dimer</li> <li>WBC</li> </ul>	<ul style="list-style-type: none"> <li>Neutrophil</li> <li>ALT, AST</li> <li>Bilirubin, Creatinine</li> <li>Cardiac troponins, prothrombin time, procalcitonin, CRP values</li> </ul>	<ul style="list-style-type: none"> <li>Decreased lymphocyte</li> <li>Decreased albumin</li> <li>Lymphopenia</li> <li>Low concentrations serum albumin</li> <li>Low hemoglobin</li> </ul>	
COVID-19 Prevention Considerations for Non-infected Staff and Residents			
Vitamin D supplements	May help boost natural defense against viruses and reduce the risk of an exaggerated inflammatory response which may contribute to more severe illness		
Vitamin C, Zinc, Probiotic Supplements	Immunostimulant, anti-inflammatory, antiviral, antibacterial roles		
Infection Control Training and Monitoring	Handwashing/hygiene, social distancing, cleaning and disinfecting, symptom screening, testing per CDC/CMS/State guidelines, appropriate use of PPE		

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This tool is not intended to cover all possible symptoms and care plan needs of COVID-19 positive patients and is not intended as medical advice. Treatment plans should be physician directed and patient specific. Percentages of symptom presentation are provided based on current published data available. Studies have varying statistics indicating a range of prevalence of symptoms observed and studies referenced are based on relatively limited sample sizes. It is expected that more cumulative data will be forthcoming. Links to the source studies and references used in this table are provided below:

- Clinical Characteristics of Coronavirus Disease 2019 in China; Wei-jie Guan et. al; *New England Journal of Medicine* 30 April 2020; <https://www.nejm.org/doi/full/10.1056/NEJMoa2002032>
- GI/Digestive Symptoms: Wuhan Medical Treatment Expert Group Lei Tu et. al, Division of Gastroenterology Union Hospital, Tongjii Medical College *American Journal of Gastroenterology* [https://journals.lww.com/ajg/Documents/COVID\\_Digestive\\_Symptoms\\_AJG\\_Preproof.pdf](https://journals.lww.com/ajg/Documents/COVID_Digestive_Symptoms_AJG_Preproof.pdf)
- Emerging 2019 Novel Coronavirus Pneumonia; Fengxiang, Song et. al: *Radiology* Vol. 295 No. 1 6 Feb, 2020; <https://pubs.rsna.org/doi/10.1148/radiol.2020200274>
- <https://www.health.harvard.edu/diseases-and-conditions/treatments-for-covid-19>
- Laboratory Abnormalities in patients with COVID-2019 infection; Lippi, G. et al *Clinical Chemistry and Laboratory Medicine* March 2020 [https://www.researchgate.net/publication/339627510\\_Laboratory\\_abnormalities\\_in\\_patients\\_with\\_COVID-2019\\_infection](https://www.researchgate.net/publication/339627510_Laboratory_abnormalities_in_patients_with_COVID-2019_infection)
- [National Association of Rehabilitation Providers and Agencies](#) webinar COVID-19 Treatment Strategies and Interventions Part 2 8/20/20