



INTERIM GUIDANCE FOR COVID-19*
(updated 4/20/2020, subject to change)
Resident Monitoring Protocol
Long-Term Care Facilities

Long-Term Care Facility Residents/Patients
All Patients
Obtain Vitals (temperature, heart rate, respirations) <u>AND</u> pulse oximetry every 8 hours (Q8 hours). Blood Pressure can be taken once a day.
Symptom screening to be performed every shift (Q8H) and should include questions about and/or observations of the following: 1) Fever 2) Shortness of Breath (SOB) 3) Cough 4) Sore Throat 5) Chills or shaking w/chills 6) Muscle pains 7) Headache 8) New loss of taste or smell
Contact Clinical Supervisor for any of the following: new-onset fever, SOB, cough, sore throat or for <u>any decrease</u> in pulse oximetry from resident baseline level or any pulse oximetry reading < 92%. Providers should strongly consider transfer to a higher level of care. Monitoring every 4 hours is appropriate for patients with evidence of clinical deterioration.
<u>If patients have been screened and their testing is NEGATIVE for COVID-19:</u> a) Avoid placing with COVID-19 or symptomatic ¹ patients b) Consider discharge to home of post-acute/rehabilitation patients who can be home quarantined
<u>If patients have been screened and their testing is POSITIVE for COVID-19 OR if patients have signs/symptoms of a respiratory viral infection:</u> a) Vitals (temperature, heart rate, respirations) <u>AND</u> pulse oximetry every 4 hours (Q4hours). Blood pressure every 8 hours. b) Private Room or Cohort with another symptomatic/positive patient c) Maintain standard, contact <u>and</u> droplet precautions (including eye protection) d) Consider that staff caring for positive or symptomatic patients do NOT care for negative or asymptomatic patients. e) Positive or symptomatic patients should be given a surgical mask and encouraged to wear it at all times. These patients should be wearing a surgical mask when close contact with others is anticipated.

¹Signs/symptoms consistent with respiratory viral infection

*Interim guidance developed by Illinois Department of Public Health and DuPage County Health Department based on an Illinois long-term care COVID-19 experience and in consultation with University of Washington.