DOCUMENTATION GUIDELINES FOR RESIDENTS WITH POSITIVE OR SUSPECTED CASES OF COVID-19


Q 4 HOURS

Vitals

- Temperature *remember to monitor for fluctuation from their baseline
- Respiratory rate
- Pulse ox on room air and/or on oxygen (note how many liters and by what method)
- Pulse
- BP

Attitude/Pain/Musculoskeletal

- Unusual fatigue or malaise *if sleeping a lot more than usual, chart this! And remember, sleep is healing
- Headache
- Chills
- Sore muscles
- Skin color—are they pale, is there a pallor or waxiness to their skin (particularly face and chest?)
- Lip color—if the lips are cyanotic, get oxygen ASAP and follow the SBAR. Immediate transport may be necessary
- Loss of taste or smell

Cardiovascular

- Skin color, particularly of lower extremities, including toes
- Edema to extremities
- Check for signs/symptoms of DVT and PE *this is a common factor in patients with COVID and a common comorbidity in COVID-19 deaths

Respiratory Status

- Cough
  - Dry/wet
  - Productive/ nonproductive
- Lung sounds *listen posteriorly and anteriorly (here’s a video if you need a refresher
  https://www.youtube.com/watch?v=xdSmc0010To)
  - Rhonchi
  - Wheezing
  - Fine/coarse crackles
- Sore throat
- Runny nose
- Congestion *are they clearing their throat often?
- GI/GU
  - Nausea/vomiting
- Change in stool pattern
  - Looser, more frequent
  - Diarrhea present

**COMMON LAB INDICATORS**
- Lymphocytopenia
- Thrombocytopenia
- Leukopenia

**Key Management Strategies**
- Frequent monitoring. Patients with this disease can decline very quickly. **Know their baseline.**
- Provide supplemental oxygen to keep O2 saturation >94%.
- Let the physician know about any corticosteroids the patient may be taking. This is counterproductive to treatment in some cases.

Remember, documentation will play a big part in appropriate care and treatment and also later reimbursement of that care. It’s important to assess and document thoroughly and accurately, at least **daily**. Symptomatic COVID positive or suspected positive should be assessed and documented on more frequently, at minimum every 4 hours.