

DynamicHealth™

<https://www.dynahealth.com/skills/t1585330724847-caring-for-patients-with-suspected-or-confirmed-covid-19-coronavirus>

Nursing Skills

Caring For Patients With Suspected Or Confirmed COVID-19 (Coronavirus)

Procedure

PROCEDURE STEPS

1. Screen, isolate, and triage patients with suspected [COVID-19](#) at first point of contact, including first phone call or online visit.^{3 4 6}
 1. If possible, perform initial triage by phone (or online) to determine whether patients with respiratory symptoms require assessment/treatment or can be managed at home.³
 2. For patients with suspected COVID-19 seen in person, give facemask and direct them to a separate, designated area (isolation room, if available). Maintain distance of at least 6 feet (2 m) between patients.^{4 6}
 3. Assess patient for [signs/symptoms of COVID-19](#).^{6 8 10 11 12}
 4. Ensure patients practice respiratory hygiene, cough etiquette, and hand hygiene.^{4 6}
 5. Quickly triage patients. If low-risk patients with mild symptoms will adhere to recommendations for [isolation](#) and [self-observation for COVID-19](#)³ or [self-monitoring for COVID-19](#),³ they may be managed at home.^{4 6 29}
2. Implement appropriate infection prevention and control measures.
 - Use [PPE for COVID-19 patient care](#) and follow [standard precautions](#), [contact precautions](#), and [droplet precautions](#) for all patients.^{3 5}.
 - Perform hand hygiene (with alcohol-based hand rub containing at least 60% alcohol or by washing hands with soap and water for at least 20 seconds) before and after all contact with patients and potentially infectious material, before putting on PPE, and after removing PPE.^{3 5}
 - Place patient in single-person room with dedicated bathroom and closed door, if possible. Avoid room transfers during patient stay.^{3 5}
 - Limit patient movement outside room. If movement is necessary, have patient wear facemask while outside.^{3 5}
 - Perform procedures and tests in room when possible.^{3 5}
 - **Avoid** aerosol-generating procedures, such as suction or intubation. If one is needed, perform in airborne infection isolation room (AIIR) when possible and follow [airborne precautions](#). Limit attendees to essential health care providers and ensure all present wear PPE for COVID-19 patient care.^{3 4}

- [Manage visitors to patients with COVID-19](#) per facility protocol. Deny entry as appropriate.^{3 5}
3. **If patient has signs/symptoms of respiratory distress** (such as tachypnea, cyanosis, chest pressure), [hypoxemia](#), or shock, immediately start supplemental oxygen therapy, as ordered.⁴
 4. Collect specimens for diagnostic testing as ordered.
 - Close door, limit attendees to health care providers essential for procedure, and ensure all present wear PPE for COVID-19 patient care. **Do not** allow visitors to be present.⁵
 - Collect blood for cultures and other routine tests.^{4 13}
 - Perform routine tests for other respiratory pathogens, including influenza virus.^{2 13}
 - Collect upper respiratory tract specimens (nasopharyngeal and/or oropharyngeal swab) and lower respiratory tract specimens, such as sputum culture if available.
 - **Avoid** sputum induction if possible. However, be aware patient is likely to cough or sneeze after specimen collection.^{1 2 6 11 13}
 5. Help with diagnostic imaging, such as chest x-ray or CT scan, if ordered.
 6. Establish vascular access to administer fluids and/or medications, if ordered.
 7. Provide symptomatic relief, such as antipyretics for fever.⁴
 8. Closely monitor for signs/symptoms of clinical deterioration, including rapidly progressive respiratory failure, and [sepsis](#).
 - If present, immediately start prescribed supportive care measures.
 - If patient does not have signs/symptoms of shock, use conservative fluid management strategy. Start empiric antibiotic therapy within 1 hour of sepsis detection after verifying [rights of safe medication administration](#).^{4 9 14 15 16 17}
 9. **If patient in respiratory distress does not respond to standard oxygen therapy**, suspect [acute respiratory distress syndrome \(ARDS\)](#).⁴
 - Help with endotracheal intubation. Ensure adherence to [airborne precautions](#).⁴
 - Implement mechanical ventilation using lower tidal volumes (3-8 mL/kg) and lower inspiratory pressures (plateau pressure less than 30 cm H₂O).⁴
 - For adults with severe ARDS, start prone ventilation for 12-16 hours per day. Be aware role of prone positioning for pediatric patients is unclear but should be considered, especially if patient has severe ARDS.^{4 30 31}
 - For patients without tissue hypoperfusion, use conservative fluid management strategy as ordered.⁴
 - For patients failing mechanical ventilation, help with [extracorporeal membrane oxygenation](#), if ordered.⁴
 10. Start prophylactic measures to prevent complications of critical illness.⁴
 - Prolonged ICU stay with difficult weaning: Use ventilator weaning protocols and minimize sedation.
 - Ventilator-associated pneumonia: Position patient semirecumbent, use closed suctioning system, periodically drain/discard tube condensate, and use new circuit for each patient.

- Venous thromboembolism: Administer prescribed pharmacologic prophylaxis (such as low-molecular weight heparin) after verifying rights of safe medication administration, and/or apply intermittent pneumatic compression devices.^{9 14 15 16 17}
 - Catheter-related bloodstream infection: Use sterile technique when inserting or removing catheter.
 - Pressure injury: Turn patient every 2 hours.
 - Stress ulcers: Provide early enteral nutrition and administer prescribed histamine-2 blocker or proton pump inhibitor after verifying rights of safe medication administration.^{9 14 15 16 17}
 - ICU-related weakness: Encourage early mobilization when safe to do so.
11. Monitor for [signs/symptoms of septic shock in adults](#)¹⁸ and [signs/symptoms of septic shock in pediatric patients](#).¹⁹ Manage [septic shock](#) through administration of prescribed antimicrobial therapy, fluid bolus (normal saline or Ringer's lactate), and vasopressors (such as norepinephrine, EPINEPHrine, vasopressin, or DOPamine)^{4 18 19} after verifying rights of safe medication administration.^{9 14 15 16 17}
12. Carefully monitor patients for other [complications of COVID-19](#) and treat as ordered.^{4 6 8 10 11 12 13}
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