

Presumed/Confirmed COVID-19 Positive Primary Care Pathway

Quick links:

[Expanded details](#)

[Provider resources](#)

[Patient resources](#)

Rapid deterioration is most common during week 2 from symptom onset

Presumed or confirmed COVID positive patient with identified Most Responsible Provider (MRP)

Virtual appointment booked with MRP
[More info](#)

Risk Stratify Patient
High risk: Monitor Q daily x 14 days
Average risk: Monitor Q2 days x 7 days
Lower risk: Consider self-monitor only
All patients should have self-monitoring checklist with action plan for deterioration
[Risk stratification](#) [Self-monitoring](#)

Determine health status today. Reinforce self-isolation

Patient reports feeling worse

Patient reports feeling unchanged

Patient reports feeling better

Screen for red flags
[Red flags](#)

None present

Flags present

Breathing Assessment Questionnaire [More info](#)
If negative: Continue below.
If positive: Screen for red flags

For EMERGENT patient:
- Activate EMS by calling RAAPID/911
For URGENT patient consider:
- Specialist LINK COVID tele-advice
- Review Goals of Care; act based on this
- Palliative home care
[More info](#) [Specialist LINK COVID tele-advice](#)

F/up every 24 hrs until stable x 14 days total
If there are clinical concerns consider Specialist LINK COVID tele-advice
[Specialist LINK COVID tele-advice](#)

From onset of symptoms:
Average risk: F/up x 7 days
High risk: F/up x 14 days
If additional non-urgent clinical questions during management, consider eReferral Advice.
ISOLATE for 10 days from symptom onset or when symptoms are gone, whichever is longer
[eReferral Advice Request](#)

EXPANDED DETAILS

Virtual appointment information

It is recommended to follow patients with COVID 19 symptoms in primary care, through virtual means. Information of virtual care can be found at: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

Risk Stratification

High Risk	Average Risk	Lower Risk
Patients stepping down from tertiary care (hospital, Complex Care Hub)	Otherwise healthy children	Otherwise healthy
Patients lacking 'safety net'	Pregnant patients	No comorbidities
Age > 70 lacking medical comorbidities	Asymptomatic swab positive patients	Appropriate safety network
Age > 60 with medical comorbidities		Younger age
Patients with symptom deterioration		

Safety Net Flags

- Socially isolated
- Lack of caregiver support
- Inability to maintain hydration
- Food/financial insecurity
- On homecare
- Challenges with health literacy or concerns with ability to self-manage

Self-monitoring information and resources

At this time, patients and families should be directed to AHS for resources around self-monitoring information. This can be found here: <https://www.albertahealthservices.ca/topics/Page16944.aspx>

For specific patient advice on how to self-manage and red flag details, please visit:

https://www.specialistlink.ca/files/COVID_patient_self_monitor_checklist.pdf

Red Flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale mottled skin
- New confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement* may signal development of COVID pneumonia

- Return of fever after afebrile period* may signal development of COVID pneumonia
- Oxygen Saturation
 - Helpful tool to indicate disease severity when available
 - If previously healthy lungs or previously documented normal O2 sat – a new reading of < 92% is a red flag
 - If underlying lung disease with documented low normal O2 sat at baseline – a new reading of < 90% is a red flag
 - If patient on home oxygen normally and their O2 requirements increase with COVID illness – this is a red flag

Red Flag transfer with considerations for goals of care

If Goals of Care are established:

C 1 or C 2	M1, M2, R1, R2, R3
Severe respiratory distress/pain → RAAPID for in-hospital palliation or community palliative paramedic program	Emergent issues → RAAPID or EMS
Evidence of progressive respiratory failure without distress → palliative home care	Stable but needs short intervention (oxygen support, fluids) → Specialist LINK <ul style="list-style-type: none"> - One-time consult - Virtual outreach assessment service (VOAS) linked to hospital at home
	Stable but needs longer term intervention → specialist link/home respiratory care/VOAS

Breathing Assessment Questions

- How is your breathing?
- Is it worse today than yesterday?
- What does your breathing prevent you from doing?

Follow-up

Patients with presumed or confirmed COVID-19 MUST self-isolate for 10 days after the onset of symptoms or until symptoms are gone, whichever is longer. Following this period, patients are generally considered to be able to return to activities as tolerated. Patients should still use the same precautions to avoid infection (especially if a presumed case).

For non-urgent COVID-19 questions, eReferral Advice Request now has an option for obtaining advice through Alberta Netcare. This is for non-urgent questions requiring advice within a 48-hour timeframe. Go to www.albertanetcare.ca/eReferral.htm for instructions on how to submit an Advice Request. For training support, email ehealthsupport@cgi.com or call 1-855-643-8649. For general eReferral enquiries, email access.ereferral@ahs.ca or call 1-888-733-3755.

BACKGROUND

About this pathway

- Following the emergence of the COVID-19 pandemic in 2020, a team that included specialists from Respiriology and Infectious Disease, the AHS Primary Care team, Primary Care Networks and members of the Calgary Zone Specialist LINK task group developed this pathway to help support family physicians to care for their patients.

Authors and conflict of interest declaration

- This pathway was developed and reviewed in April 2020. Names of participating reviewers and their conflict of interest declarations are available on request.

Pathway review process, timelines

- This primary care pathway was created with up to date knowledge at the time it was created (April 6, 2020). It will be reviewed on a consistent basis as the knowledge and process base evolves. If you have concerns or feedback please email info@calgaryareapcns.ca and enter 'COVID pathway feedback' in the subject line.

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DISCLAIMER

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.

PROVIDER RESOURCES

Greenhalgh Trisha, Koh Gerald Choon Huat, Car Josip. Covid-19: a remote assessment in primary care <i>BMJ</i> 2020; 368 :m1182	https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf
Information for Primary Care Providers: novel coronavirus (COVID-19)	https://www.albertahealthservices.ca/topics/Page16956.aspx
Specialist LINK COVID-19 Resources	https://www.specialistlink.ca/covid19/covid19-resources.cfm
Oxford COVID-19 Evidence Service Team Nuffield Department of Primary Care Health Sciences University of Oxford: How should we assess dyspnea (breathlessness) by telephone or video?	https://www.cebm.net/covid-19/are-there-any-evidence-based-ways-of-assessing-dyspnoea-breathlessness-by-telephone-or-video/

PATIENT RESOURCES

Information for Albertans: COVID-19	https://www.albertahealthservices.ca/topics/Page16997.aspx
COVID-19 info for Albertans	https://www.alberta.ca/coronavirus-info-for-albertans.aspx?utm_source=google&utm_medium=sem&utm_campaign=Covid19&utm_term=beinformed&utm_content=v7&qclid=EAlaIqobChMI-obwtuPK6AIVeyCtBh1ijAQUEAAAYASAAEgLSQPD_BwE
Patient self-monitor checklist	https://www.specialistlink.ca/files/COVID_patient_self_monitor_checklist.pdf