Management of Residents with COVID-19 in LTC

April 23, 2020

Our Panel

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Disclosures

- Dr. Andany is the site PI for HIV-related clinical trials sponsored by Gilead, GSK and Janssen (which are separate from this work). No research disclosures related to COVID-19. No personal or financial relationships with industry.
- Dr. Goldman has no personal, academic, or financial disclosures.
- Dr. Kaasa has no personal, academic, or financial disclosures.
- Dr. Stovel has no personal, academic, or financial disclosures.
- Dr. Wong has no personal, academic, or financial disclosures.

By the end of this webinar you will be able to:

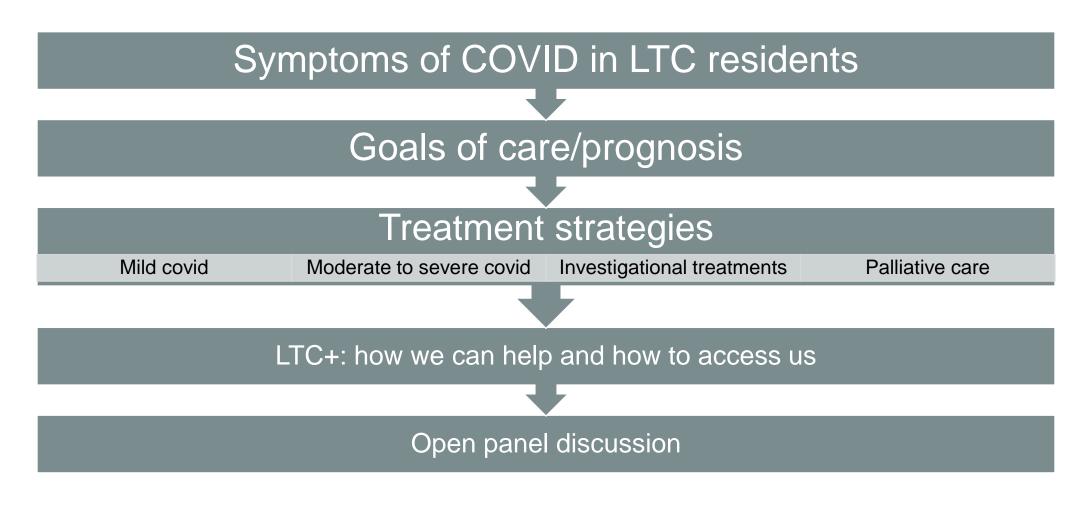
Identify different presentations of COVID in the LTC population.

Discuss the prognosis of COVID with your LTC residents and their families to help inform goals of care discussions and support shared-decision making.

Plan treatment strategies for LTC residents with COVID with different severities of disease.

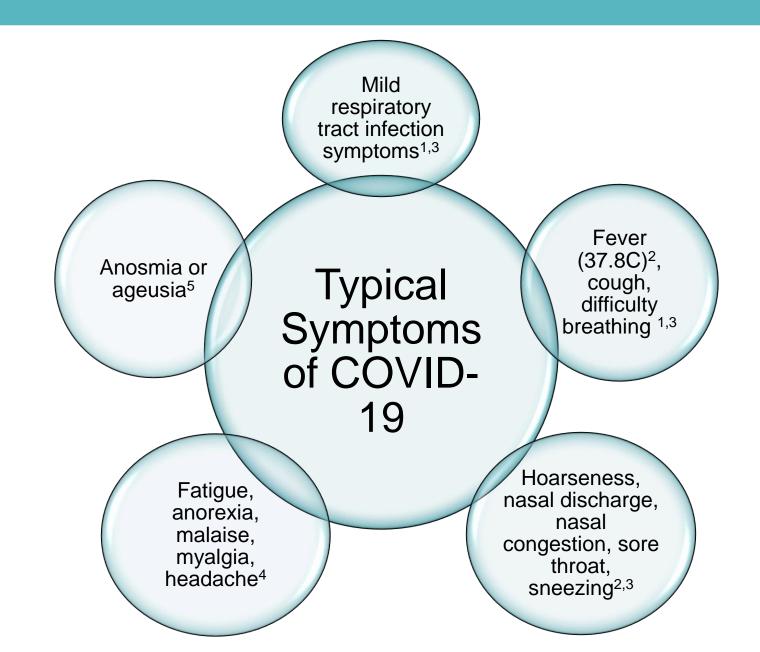
Access LTC+ to help when it comes to caring for your residents with COVID in LTC.

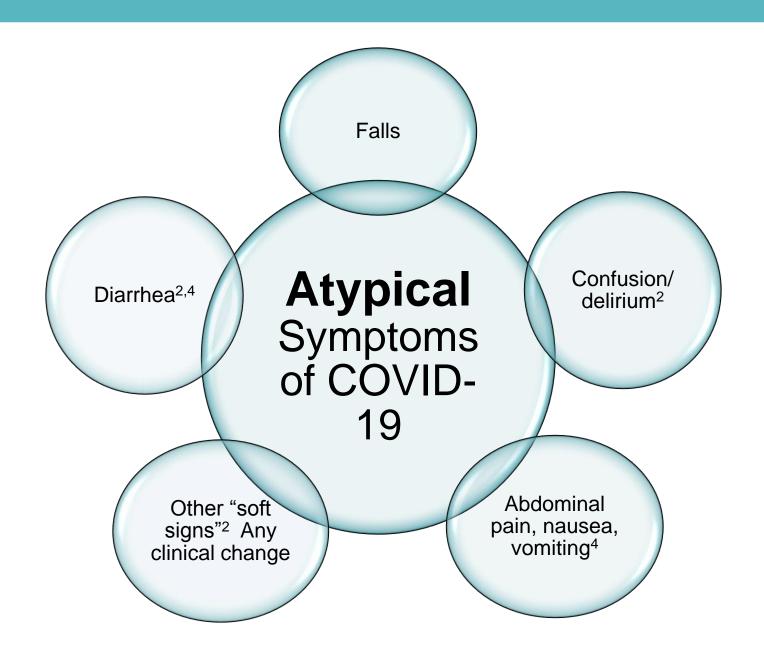
Outline



A Case







When a resident has symptoms or screens positive

Implement droplet and contact precautions

Test for COVID-19

Follow your local IPAC recommendations

Resident is COVID Positive

Now to discuss goals of care

What can we used to inform goals of care discussions?

Resident's Preferences and Values

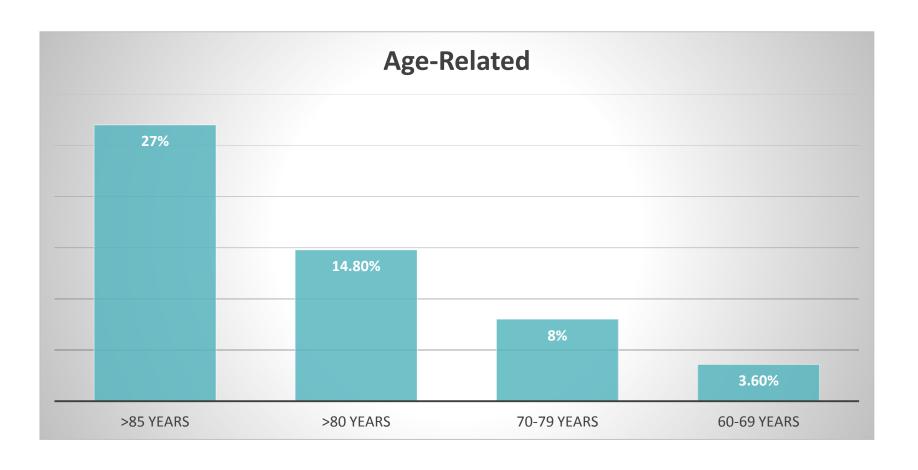
Usual Risks of transfer to hospital

- Delirium²
- Nosocomial infection
- Trauma of hospitalization
- Quality of life issues

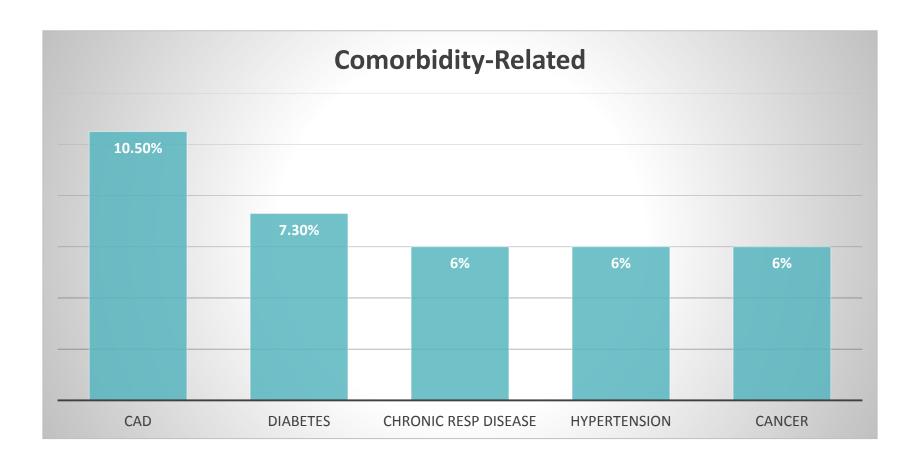
Prognosis of COVID-19

 LTC residents due to age, comorbidities, and frailty are highest risk for death from COVID-19³

Case fatality rates⁵



Case fatality rates⁵



Goals of care discussions

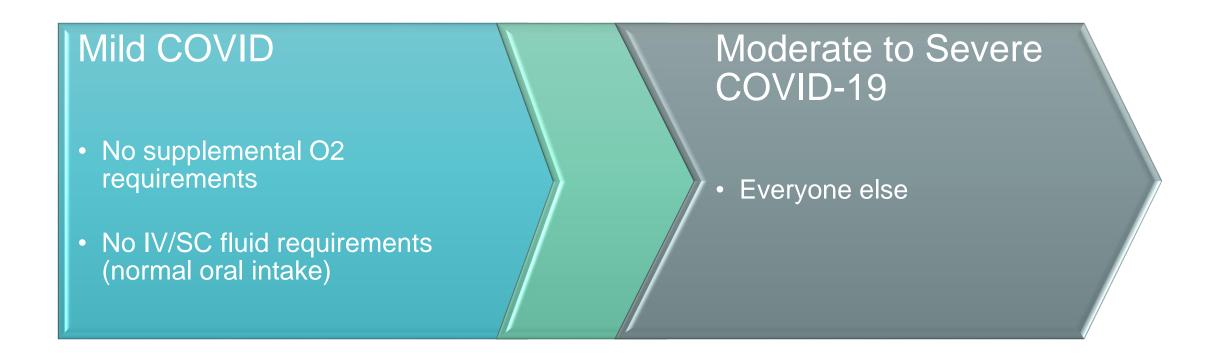
Are the risks of hospitalization worth the 'benefit' given what we know about prognosis?

Therapeutic harmonization: how can we align prognosis and goals of care with the care that is being provided?

Resident is COVID Positive

Treatments

Severity (Adapted from Ref 9)



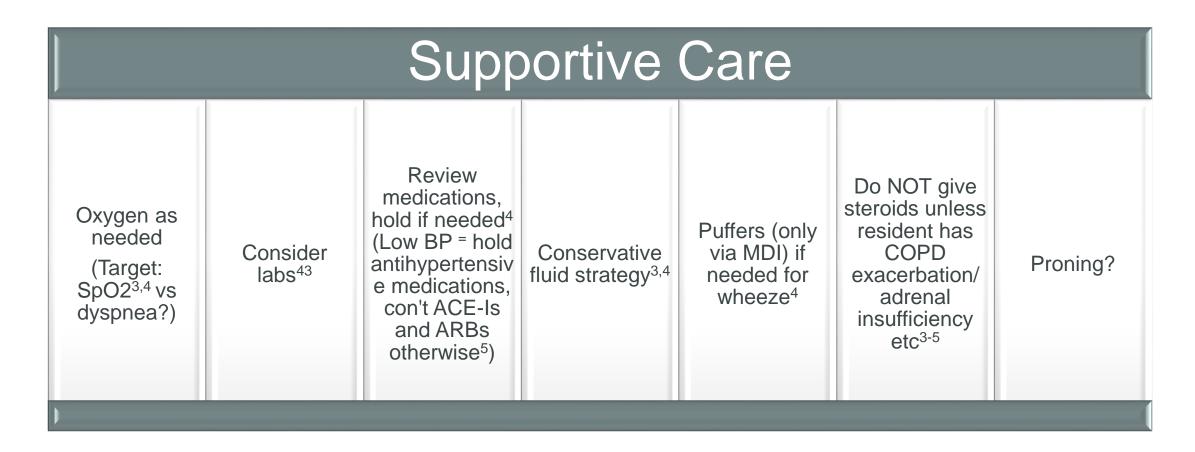
Mild COVID-19

- Monitor for signs of worsening
 - Dyspnea, chest pain, confusion, lethargy, weakness⁴
- Acetaminophen for fever/myalgias³
- Do not use cough suppressants⁴
- Clinical deterioration often happens 5-12 days after symptom onset⁵
 - Consider
 - SpO2 monitoring daily between days 5-12 of illness
 - Vital signs daily between days 5-12 of illness

Managing Moderate to Severe COVID-19 in LTC

- Sudden decline often happens
 - Be especially aware during days 5-12 of illness⁵
- No current specific treatments available⁵
- If goals of care are for transfer to hospital, transfer to acute care for further support

Managing Moderate to Severe COVID-19 in LTC – For those staying in LTC



Managing Moderate to Severe COVID-19 in LTC – For those staying in LTC

Antibiotics⁹?



Managing Moderate to Severe COVID-19 in LTC – Investigational Treatments

GTA Guidelines⁹ State:

- Chloroquine, hydroxychloroquine, lopinavir/ritonavir, remdesivir, tocilizumab, convalescent plasma
 - NOT OUTSIDE OF CLINICAL TRIALS

Palliative Care for COVID positive patients^{6,7,8}

- If in outbreak and/or short staffed Keep it simple
 - Adapt symptom guidance documents to your team/circumstances
 - SC lines if staff comfortable
- Pain/dyspnea
 - Hydromorphone 0.5-1 mg q6h SC and hydromorphone 0.5 mg q2h prn
- Agitation/Sedation
 - Typical drugs (Haldol, midazolam, methotrimeprazine) limited supply
 - SL lorazepam/olanzapine
- Severe resp distress and conscious- increase opioid/midazolam/call for help
- Secretions- normalize for staff/family; benefit of meds is limited
 - Glycopyrrolate 0.4 mg SC q6h if more severe
- Other: PR Acetaminophen, Foley, Mouth Care

How LTC+ Can Help

One number to call for access to services and supports: 1-855-LTC-PLUS

- GIM Consultative Services (24/7)
 - Access to urgent medical consultations and advice
 - Discuss how to best manage your resident and whether care can be achieved within the LTC
- Advance Practice Virtual Care Nurses (M-F, 9am-5pm)
 - Work with the attending MD and team to identify clinical needs and link with appropriate resources

Itcplus.ca

Take Home Messages

- Know the typical and atypical symptoms of COVID-19
- Early and frequent goals of care discussions
- Residents with COVID-19 can decline rapidly
- Not many treatments outside of supportive care
- LTC+ can help

References

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- 3. World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim Guidance V 1.2. 2020. Accessed April 22, 2020, at https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected
- 4. Public Health Agency of Canada. Clinical Management of Patients with Moderate to Severe COVID-19 Interim Guidance. 2020. Accessed April 22, 2020, at https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/clinical-management-covid-19.html
- 5. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). 2020. Accessed April 4, 2020, at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- 6. Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. Canadian Medical Association Journal 2020; Early Release.
- 7. Ontario Health. Clinical Triage Protocol for Major Surge in COVID Pandemic. 2020.
- 8. Clary PL and Lawson P. Pharmacologica pearls for end-of-life care. American Family Physician 2009; 79:1059-65.
- 9. Greater Toronto Area (GTA) Clinical Practice Guidelines for Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19. Accessed April 4, 2020 at www.antimicrobialstewardship.com/covid-19

Additional Resources

- https://covid19treatmentguidelines.nih.gov/introduction/
- https://www.vitaltalk.org/guides/covid-19-communication-skills/
- The Wandering Resident
 - From BSO: https://brainxchange.ca/Public/Files/COVID-19/BSO COVID-19-Resource-Dementia-and-Maintaining-Iso.aspx
 - From RGP: https://www.rgptoronto.ca/wp-content/uploads/2020/04/FINAL-COVID-19-BSO-RGP-Wandering-Guidelines-2020-04-14-1.pdf
- How to get an NP swab in a resident with dementia and BPSD: https://www.rgptoronto.ca/wp-content/uploads/2020/04/FINAL-Tip-sheet-for-conducting-nasal-swabs.pdf

Onto Questions for Our Experts