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

Risk Stratify Patient

High risk: Monitor Q daily x 14 days
Average risk: Monitor Q2 days x 7 days; recommend self-monitor for additional 7 days
Lower risk: Consider self-monitor only

All patients should have self-monitoring checklist with action plan for deterioration, as well as be counselled on smoking/vaping cessation

Risk stratification
Self-monitoring

Determine health status today. Reinforce self-isolation

Patient reports feeling worse
Screen for red flags
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

Patient reports feeling unchanged

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

From onset of symptoms:
High risk: F/up x 14 days
Average risk: Q2 days x 7 days; recommend self-monitor for additional 7 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

Patient reports feeling better
Breathing Assessment Questionnaire

If negative: Continue below.
If positive: Screen for red flags

None present

Specialist LINK COVID tele-advice

Specialist LINK COVID tele-advice

More info

From onset of symptoms:
High risk: F/up x 14 days
Average risk: Q2 days x 7 days; recommend self-monitor for additional 7 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

More info

More info

More info

More info

More info

More info

More info

More info
EXPANDED DETAILS

Presumed or confirmed COVID positive patient
This pathway is intended to be followed for patients who:

- Presumed or confirmed COVID positive, or
- Have ILI symptoms, until a swab result is obtained, or
- Patients with a negative swab that present with strong clinical suspicion

The false negative rate of COVID-19 swab testing is extremely low, but does occur. Well executed swabbing technique increases the sensitivity of the test. Thus, false negatives usually occur due to improper specimen collection. It is imperative that proper swabbing technique be used. Information can be found under: testing information at www.ahs.ca/covidPHC

Likewise, if a patient’s clinical course is suggestive for COVID-19, despite a negative swab, the primary care pathway should be followed. This is especially true in higher risk individuals where late presentation of complications is more common and greater vigilance warranted. Regardless, all persons with ILI symptoms should self-isolate for 10 days or when symptoms are gone- whichever comes first.

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

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Average Risk</th>
<th>Lower Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients stepping down from tertiary care (hospital, Complex Care Hub)</td>
<td>Otherwise healthy children</td>
<td>Otherwise healthy</td>
</tr>
<tr>
<td>Patients lacking ‘safety net’</td>
<td>Pregnant patients</td>
<td>No comorbidities</td>
</tr>
<tr>
<td>Patients with symptom deterioration</td>
<td>Asymptomatic swab positive patients</td>
<td>Appropriate safety network</td>
</tr>
<tr>
<td>Any age with medical comorbidities</td>
<td>40-60 years old</td>
<td>Younger age (&lt;40 yrs)</td>
</tr>
<tr>
<td>Age &gt; 60 lacking medical comorbidities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoking or vaping use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx
There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19. Patient information and supports can be found at https://www.albertaquits.ca/topics/smoking-vaping-covid-19.

Patients should also be counseled on advanced care planning including: choosing an agent, communicating their values and documenting these in a Personal Directive. Information on this can be found at www.conversationsmatter.ca.

Red Flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale molten 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 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:

<table>
<thead>
<tr>
<th>C1 or C2</th>
<th>M1, M2, R1, R2, R3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe respiratory distress/pain → RAAPID for in-hospital palliation or community palliative paramedic program</td>
<td>Emergent issues → RAAPID or EMS</td>
</tr>
<tr>
<td>Evidence of progressive respiratory failure without distress → palliative home care</td>
<td>Stable but needs short intervention (oxygen support, fluids) → Specialist LINK</td>
</tr>
</tbody>
</table>
  - 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 though Alberta Netcare. This is for non-urgent questions requiring advice within a 2-5 days. See www.albertanetcare.ca/eReferral.htm to learn how to submit a request. For training support, email ehealthsupport@cgi.com or call 1-855-643-8649. For other 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 Respirology 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@calgaryareapcn.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

<table>
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<tr>
<td>Specialist LINK COVID-19 Resources</td>
<td><a href="https://www.specialistlink.ca/covid19/covid19-resources.cfm">https://www.specialistlink.ca/covid19/covid19-resources.cfm</a></td>
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<td>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?</td>
<td><a href="https://www.cebm.net/covid-19/are-there-any-evidence-based-ways-of-assessing-dyspnoea-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/</a></td>
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<td>Roth Score: Opinion</td>
<td><a href="https://www.specialistlink.ca/files/Roth_Score.pdf">https://www.specialistlink.ca/files/Roth_Score.pdf</a></td>
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<tr>
<td>Advanced care planning</td>
<td><a href="https://www.albertahealthservices.ca/info/Page9099.aspx">https://www.albertahealthservices.ca/info/Page9099.aspx</a></td>
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<tr>
<td>Smoking cessation: healthcare provider</td>
<td><a href="https://healthcareproviders.albertaquits.ca/resources/covid-19">https://healthcareproviders.albertaquits.ca/resources/covid-19</a></td>
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## PATIENT RESOURCES

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