Bill has Covid-19…

"This graphic novel highlights best practices for when supporting someone who has COVID-19. In addition to regularly contacting Public Health and the doctor of the person supported, each staff reading the novel should follow their own agency's specific policies and guidelines. This graphic novel includes a lot of typical medical advice for COVID-19 – but does not replace getting specific medical advice for the person being supported. This graphic novel is the second in the series, following "Bill Has Symptoms…" It is based on the 'COVID-19 Health Monitoring & Supportive Care in Home and/or Developmental Services Residential Care Settings' created by the SPPI Outbreak Management Working Group.

Bill gets diagnosed

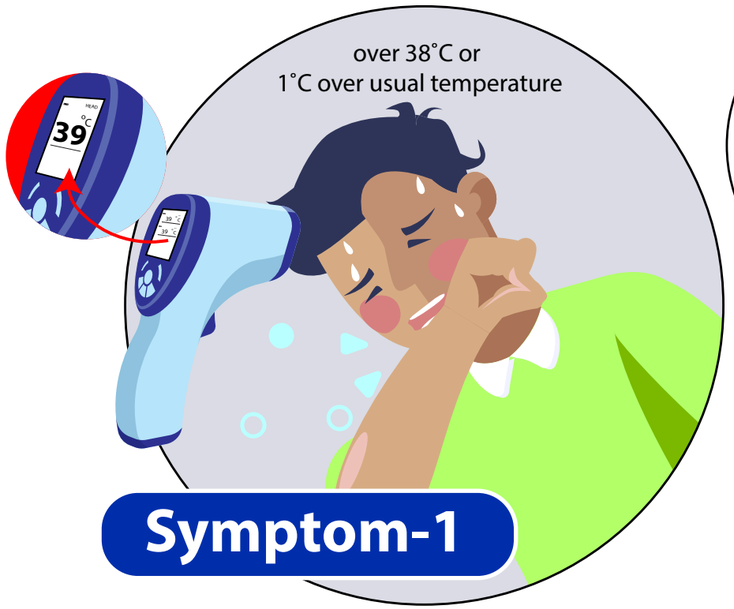
Michelle learns that Bill's COVID-19 test is positive. She shares this news with Bill's physician. Michelle contacts Public Health or ensures public health is notified.

With Bill being positive, everyone in the house will comply with the guidelines outlined by Public Health, such as heightened cleaning efforts and wearing full PPE when within 6 feet of anyone probable or positive.

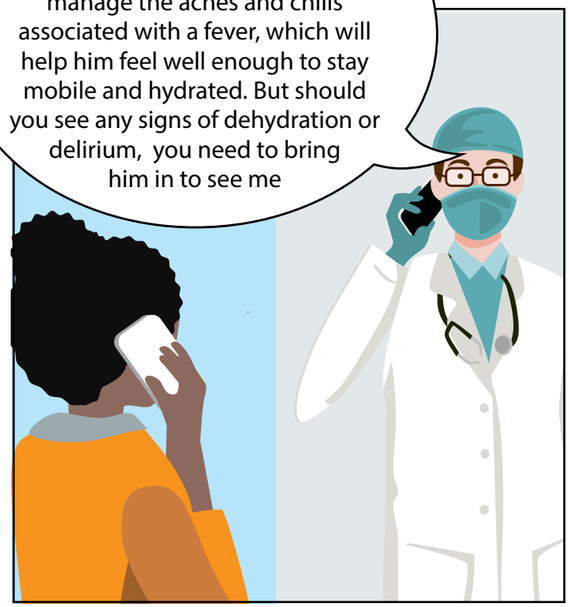
Michelle will be in regular contact with a public health investigator. Michelle will follow the public health guidance on "COVID-19 case management and contact tracing" to monitor Bill's case, complete the case tracking requested (tracking all of Bill's contacts over the past 14days), and to learn of any updates from Public Health.

While sick, Bill may need support with different symptoms:

Fever



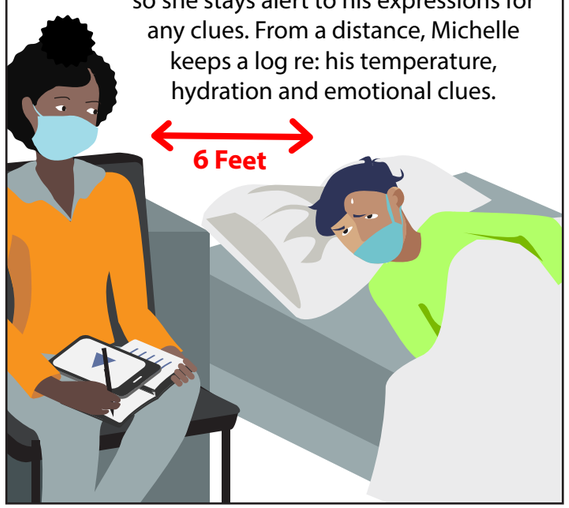
Michelle, don't be too worried about Bill's fever. A fever is helpful to fight the virus. I need you to help Bill manage the aches and chills associated with a fever, which will help him feel well enough to stay mobile and hydrated. But should you see any signs of dehydration or delirium, you need to bring him in to see me



Michelle wears full PPE in order to take Bill's temperature every hour until his temperature is normal. Then every 4 hours for another 2 days. Then 2 times a day until he's recovered. <u>If Bill's fever lasts longer than 48 hours, Michelle will call the doctor</u>

Michelle avoids use of oral thermometers to minimize risk of exposure. She uses a thermal thermometer instead. She wears full PPE while taking Bill's temperature, following the instructions closely. For example, most thermal thermometers are only accurate when used close to the forehead area. If the temperature seems unlikely, repeat the procedure, following the instructions closely. Another option are ear thermometers (also called "tympanic") withremovable tips.

Michelle knows that Bill does not often express whether or not he's feeling pain, so she stays alert to his expressions for any clues. From a distance, Michelle keeps a log re: his temperature, hydration and emotional clues.



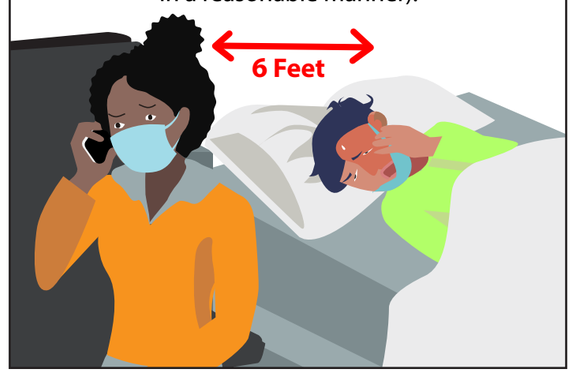
Water: friend or foe?

Michelle regularly offers Bill fluids. But while Bill has a fever, he has <u>no baths or showers.</u>

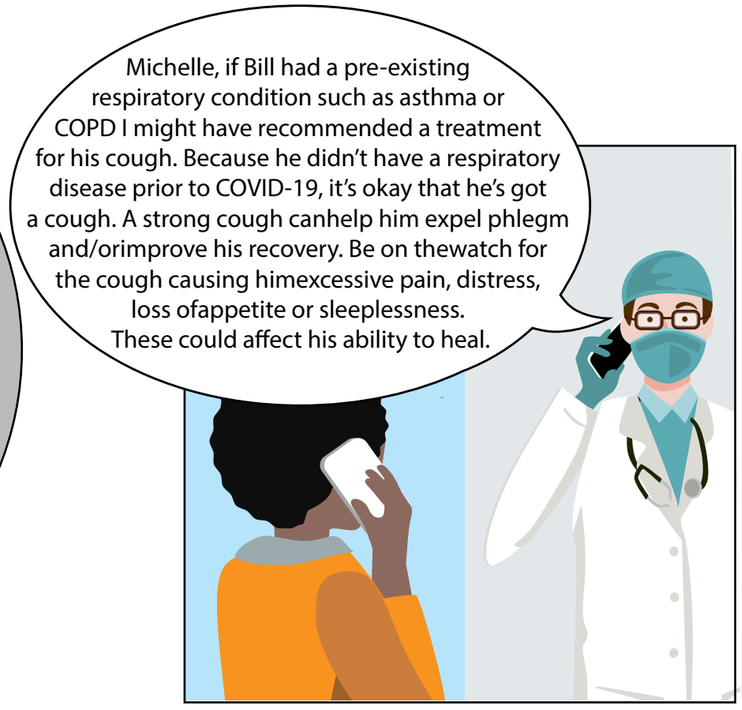
With Bill's doctor's okay, Michelle gives Bill one of these medications every 4-6 hours, around the clock for 1-2 days to manage the achiness and chills brought on by a fever. However, before giving Bill either of these medications, Michelle takes Bill's temperature and records both his temperature and details on the medication she'll be providing.

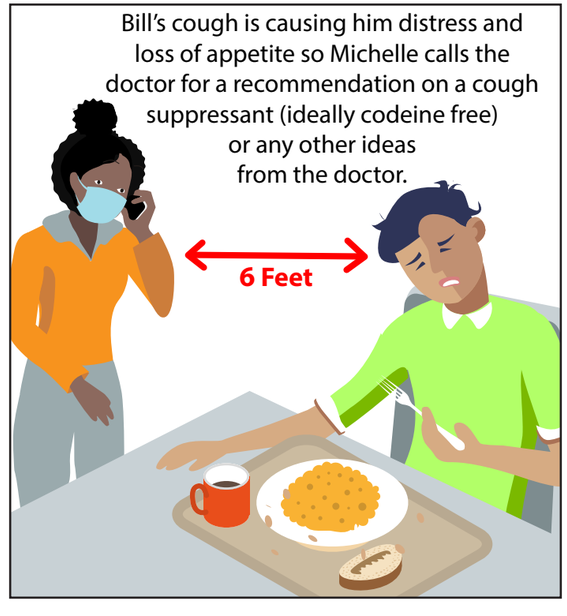
Acetaminophen • Ibuprofen

Michelle calls Bill's doctor for an appointment whenever Bill has symptoms of being dehydrated – looking drawn, being sleepy all the time, etc. (Read the section on dehydration to learn more). Another reason to call Bill's doctor would have been if Bill started seeming to be delirious(unable to think or speak in a reasonable manner)."

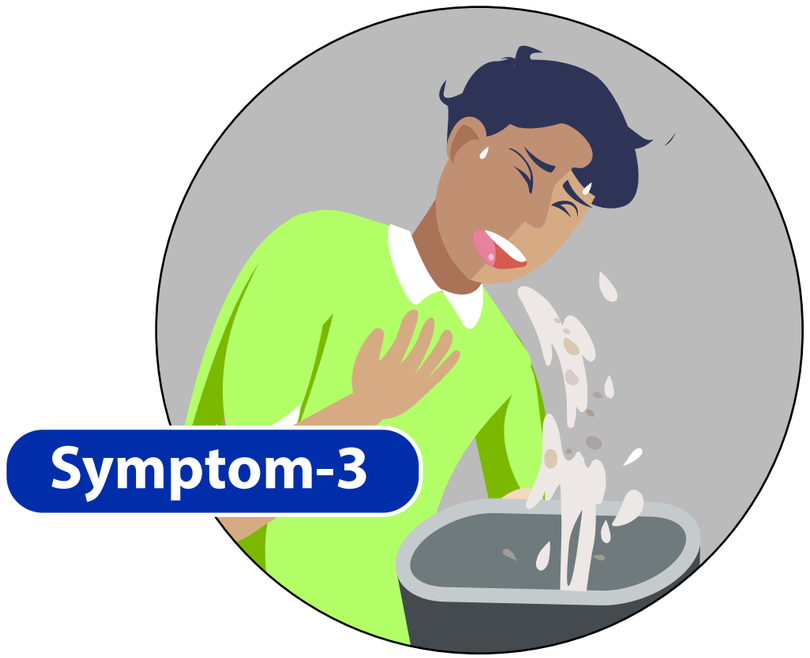


Cough or Shortness of Breath



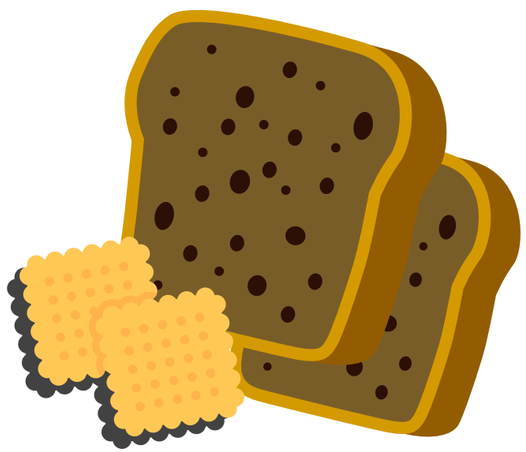


Nausea or Vomiting



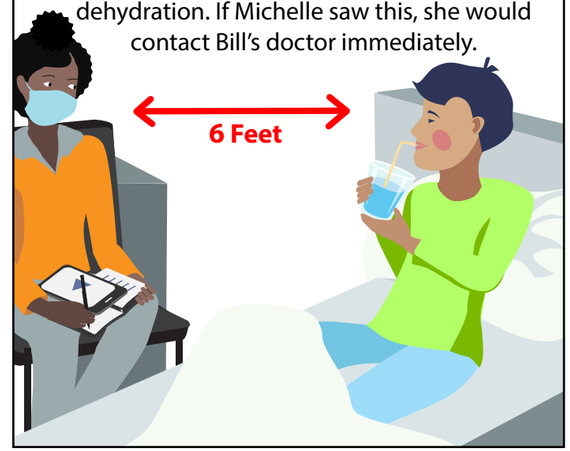
If Bill starts refusing drinks, it might be because he's nauseous. Michelle checks with Bill's doctor. He prescribes Bill to have Gravol. Based on the doctor's instructions, Bill uses it for 1-2 days, when awake, followed with a glass of water when the Gravol starts to settle his stomach. (approx. 40 minutes). Gravol may make Bill drowsy and tired.

Michelle offers Bill dry crackers and toast to help ease his nausea and keep him nourished.

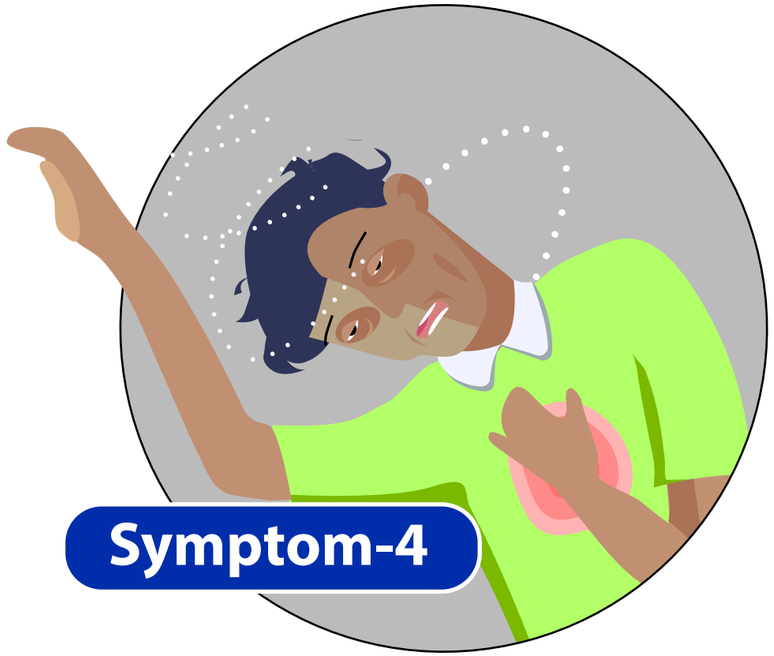


Michelle, wearing full PPE, stays close beside Bill because he seems more drowsy and wobbly due to vomiting and/or not eating as much as usual.

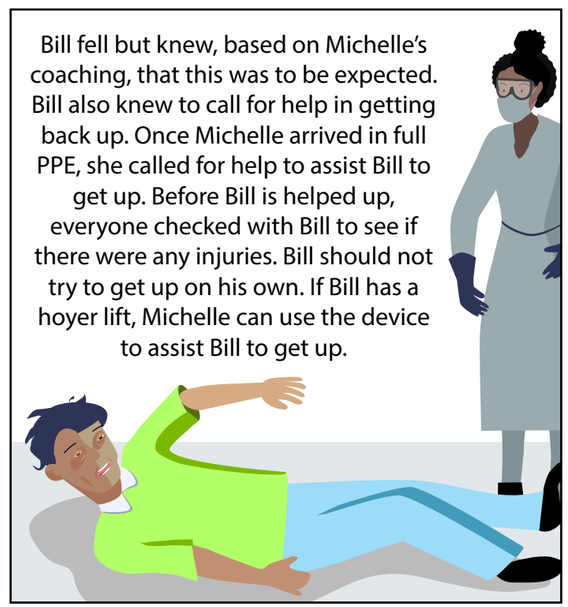
Michelle monitors from a distance how often Bill's vomiting, drinking fluids and the elasticity of his skin. If Bill's skin is jigglier or seems to hang, that can be a sign of dehydration. If Michelle saw this, she would contact Bill's doctor immediately.



Severe weakness or worsening of balance



People who have a neuromuscular disorder (e.g., spasticity, ataxia, poor balance) may experience weakness while they are COVID-19 positive. Anticipate this for everyone who has a neuromuscular disorder and is able to walk.

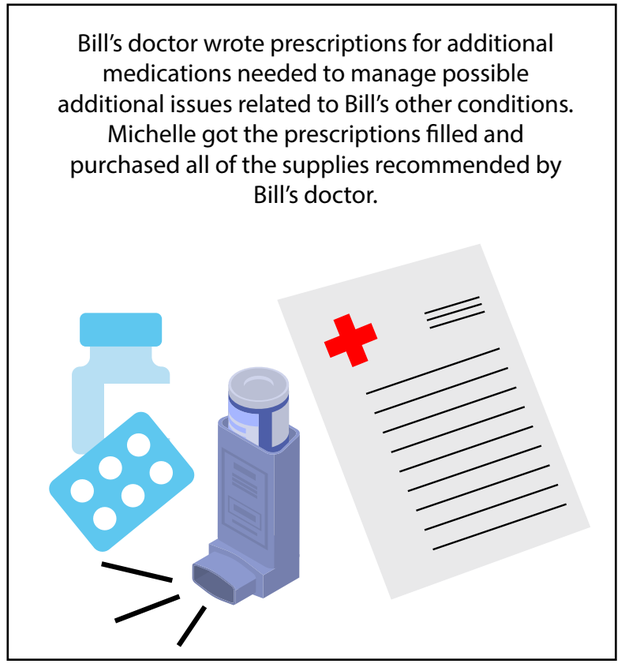


Diarrhea

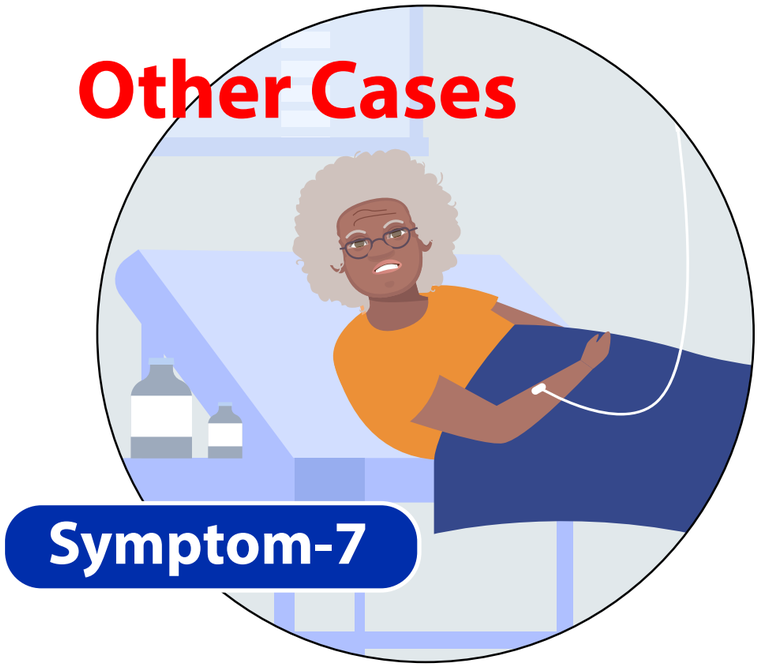
Michelle offers Bill a variety of clear or coloured beverages, including Gatorade, to help Bill hydrate frequently throughout the day – and at night, if Bill's awake. She dilutes any juices. Michelle keeps a record of the quantity and timing of Bill's drinking and his visits to the bathroom to urinate.

Though the doctor didn't mention Bill's medication, Michelle calls Bill's doctor to check with him about Bill's laxatives. Bill has taken them for years. The doctor thanks her for calling and instructs Michelle to hold on laxatives until Bill's diarrhea has stopped.

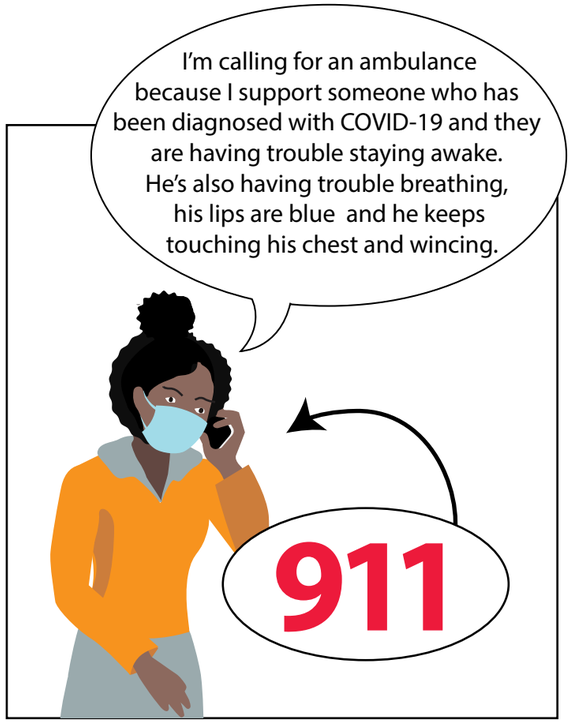
Impact on other diagnoses



Other Cases

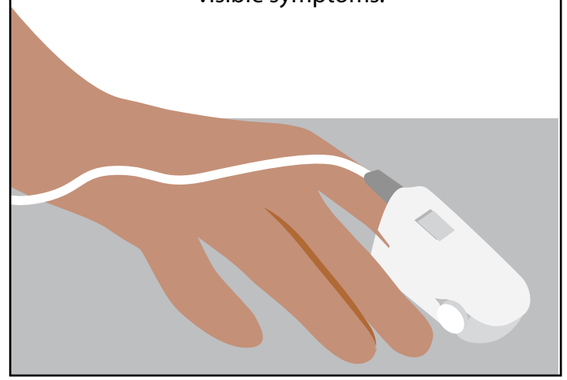


Low oxygen level

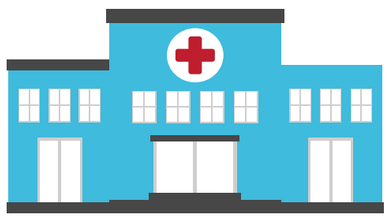


Bill's symptoms point to having a low oxygen level and possibly 'COVID pneumonia' or 'silent hypoxia.'

One of the ways Michelle knew Bill was in trouble was by monitoring his oxygen saturation level using an oximeter. This is helpful to spot 'silent hypoxia' – where someone has low oxygen levels but with no visible symptoms.

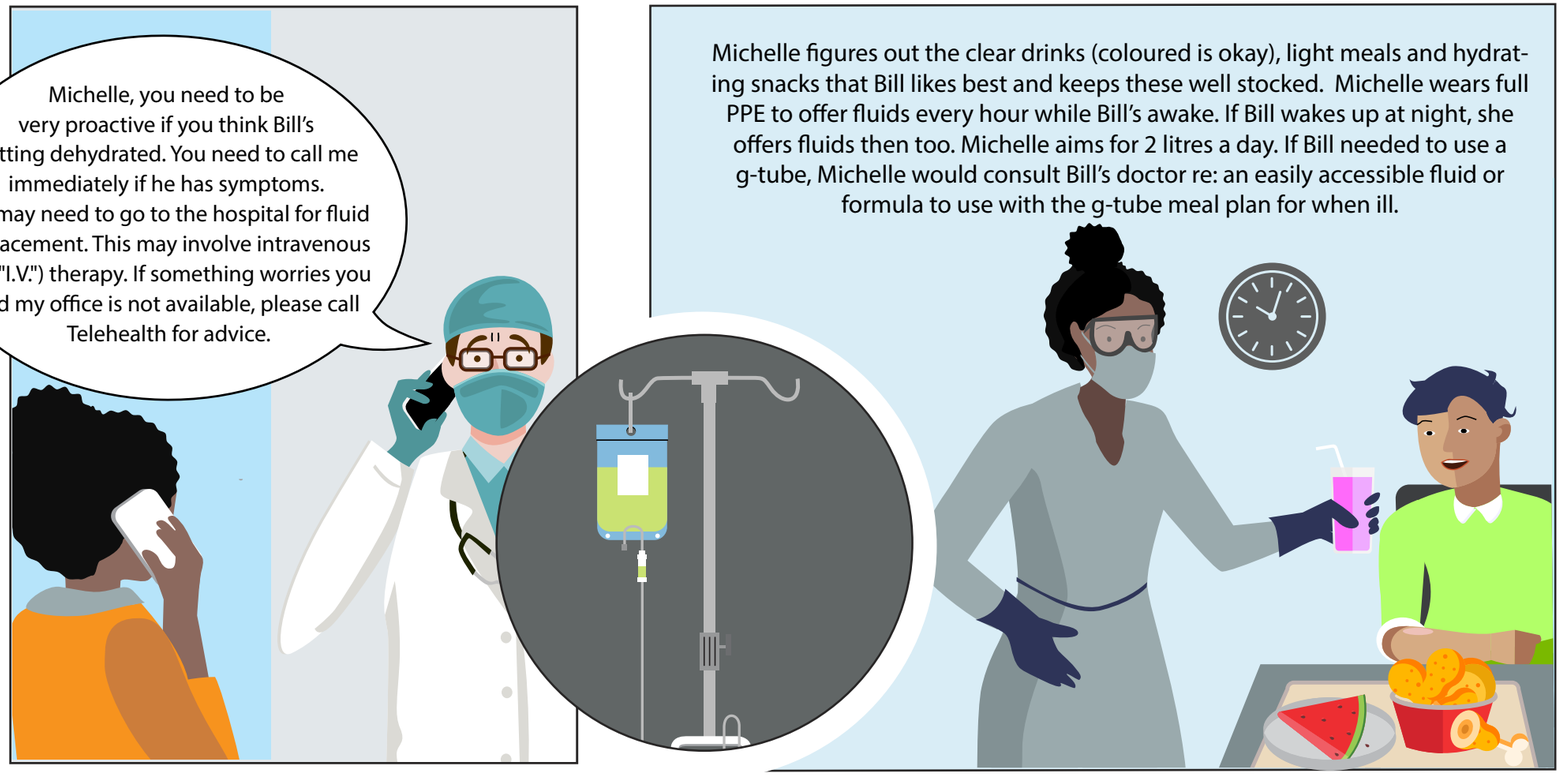


Michelle needs to be on the watch for any signs of low oxygen levels and immediately contact 911. Symptoms include: trouble breathing, persistent pain or pressure on the chest, new confusion, inability to wake up or stay awake, bluish lips or face. With silent hypoxia there may be no symptoms other than a low oxygen reading on an oximeter (e.g., 90% or below their normal). Once calling for the ambulance, Michelle should be sure that Bill's documentation is ready to go (e.g., OHIP card, Hospital Transfer Form). Michelle can call Bill's doctor once Bill has been admitted.



Dehydration

Emergency Symptom



Michelle figures out the clear drinks (coloured is okay), light meals and hydrating snacks that Bill likes best and keeps these well stocked. Michelle wears full PPE to offer fluids every hour while Bill's awake. If Bill wakes up at night, she offers fluids then too. Michelle aims for 2 litres a day. If Bill needed to use a g-tube, Michelle would consult Bill's doctor re: an easily accessible fluid or formula to use with the g-tube meal plan for when ill.

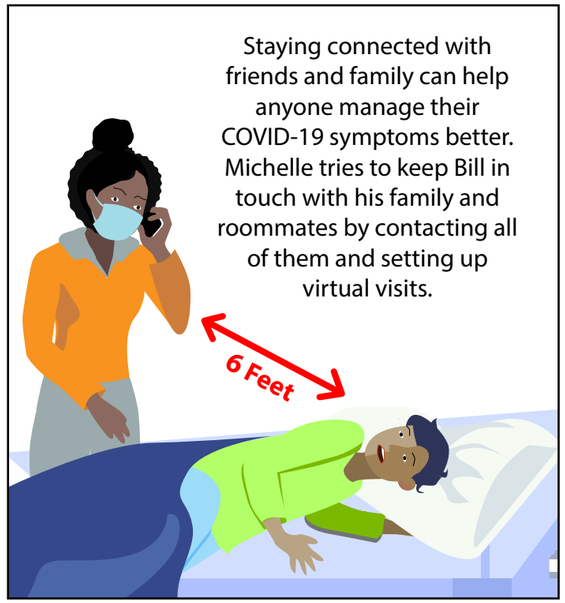
Michelle tracks the amount of liquids that Bill's having (including hydrating snacks like watermelon, tomatoes and grapes). Michelle also tracks Bill's trips to urinate.

Bill's doctor may recommend that Michelle visit a health food store to buy Bill healthier versions of electrolyte replacements than Gatorade. For example, Nuun tablets are low in sugar and can be put in a glass of water and start fizzing.

If Bill's not drinking enough or he's had diarrhea, Michelle calls Bill's doctor to get his opinion. He may instruct her to hold his 'sick day' medications.

Michelle needs to be on the watch for any signs of dehydration and contact Bill's doctor (or Telehealth if Bill's doctor is not able to be immediately reached). Bill may need to go to the hospital if he gets severe dehydration. Symptoms include: fatigue, cramping, muscle weakness, difficulty walking, dizziness, confusion, forgetfulness, headaches, difficulty breathing, sunken eyes, inability to sweat or produce tears, higher temperature, elevated heart rate, low blood pressure, low urine output, dark colored urine -- or dry mouth, nose or skin.

Stay connected until better



Being prepared

Conclusion