

MANAGING PATIENTS WITH RESPIRATORY SYMPTOMS IN OFFICE

OCTOBER 2022

With rates of respiratory illness – including COVID-19, influenza and respiratory syncytial virus (RSV) – increasing, in-person care remains an essential part of ensuring our patients receive the care they need and allows us to help protect hospital capacity.

Below are some reminders and supports for managing symptomatic patients in office.

IN-PERSON CARE IS NEEDED to meet the standard of care in many cases, including patients who have difficulty communicating virtually, and where physical assessments are necessary to make an appropriate diagnosis or treatment decision. Refer to these FAOs from the CPSO for details.

SCREEN to identify patients who may have acute respiratory infections, and take steps to reduce transmission risk, i.e, PPE and IPAC, distancing symptomatic patients from others, and discussing isolation requirements (see pp 12-13 of case and contact management guidance). Post signage for respiratory etiquette (cover your cough; mask; tissues) as an additional precaution.

Screening also helps identify individuals at risk of serious illness from COVID-19 who may be eligible for treatment, especially the anti-viral Paxlovid™, so they can be tested or referred to testing immediately. See Paxlovid™ information for primary care.

Screening for Acute Respiratory Infection (ARI)

Screen patients for respiratory symptoms to help guide care decisions as well as in-office PPE and IPAC measures.

COVID-19 and other ARI have overlapping symptoms.
Use this COVID-19 symptom checklist to identify infections.

Check whether symptoms are **new**, **worsening**, **or different from the patient's usual state**, i.e., not chronic or related to other known causes or conditions.

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One or more of the following most common symptoms:
Fever and/or chills
Cough
Shortness of breath
Decrease or loss of smell or taste
OR
Two or more of the following symptoms:
Extreme fatigue (general feeling of being unwell, lack of energy, extreme tiredness)
Muscle aches or joint pain
Gastrointestinal symptoms (i.e., nausea, vomiting and/or diarrhea)
Sore throat (painful swallowing or difficulty swallowing)
Runny nose or nasal congestion
Headache

Other symptoms include abdominal pain, conjunctivitis

(pink eye), decreased or lack of appetite (in young children).

If patient screens positive for ARI (including COVID-19), move to a separate room or distance as much as possible from others, and wear appropriate PPE. See summary PPE/IPAC guidance.



PPE | IPAC:

- PPE and infection prevention and control precautions, including hand hygiene, are key to reducing the risk
 of transmission of COVID-19 and other respiratory illnesses. See this <u>OCFP summary of PPE/IPAC guidance</u>
 and order PPE through the <u>pandemic stockpile</u> if necessary.
- A note for smaller offices: Physical distancing, when feasible, is still recommended. If this is challenging
 to do given your office space, keep as much distance as possible between any symptomatic patient
 and other patients.

SUPPORTING PATIENTS:

- Most symptomatic patients can self-manage, while others (e.g., COPD, CHF patients) will likely require
 clinical assessment given their comorbidities. Here are tips for patients who are feeling unwell, and this
 information sheet can help your patients decide when to call the office/clinic for support.
- For children, see decision aid "When to come to the ED" on this resource page.

REFER AS NEEDED:

- Direct patients with <u>severe symptoms</u> to the emergency department.
- For high-risk COVID patients who can be managed at home, consider referral to a <u>Remote Care Management</u> program (if offered in your community); or, if there is capacity in your practice, monitor them yourself through the <u>COVID@Home</u> program.
- Patients who cannot be safely monitored at home, yet do not require emergency care, could be referred to a COVID-19 <u>Clinical Assessment Centre</u> (CAC). CAC availability varies based on local context if none in your region, continue to provide care through your usual pathways.