



COVID-19 CLIENT MONITORING RECORD

Purpose: To support monitoring and documentation of any confirmed or suspected cases of COVID19 – those who are discharge home and self-isolating with daily nursing follow-up via phone, virtual or home visit.

This form does not replace your clinical judgement. If a more comprehensive assessment is required, please schedule an appointment for the client to be assessed at the nursing station/health center, or a home visit. Once completed, please file in the client’s chart.

<p>Demographics:</p> <p>Name: D.O.B (DD/MM/YY): Band #: Sticker or Addressograph O.H.I.P#:</p> <p>Community: Parent or Guardian (if applicable): Contact number: Isolation address:</p>	<p>Results and Monitoring:</p> <p><input type="checkbox"/> COVID-19 Swab done Date done:</p> <p>Results: <input type="checkbox"/> Pending <input type="checkbox"/> Positive (date notified by PHL): Date last assessed at the nursing station/ health center: Date referred to the PHN:</p> <p>Frequency of monitoring: <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily (if any risk factors).</p> <p>Self-Monitoring Equipment at Home/Given: <input type="checkbox"/> Thermometer <input type="checkbox"/> O2 sat probe <input type="checkbox"/> BP monitor <input type="checkbox"/> Other:</p>
<p>Risk Factors: <input type="checkbox"/> Diabetes* <input type="checkbox"/> Hypertension* <input type="checkbox"/> Lung Disease* <input type="checkbox"/> CKD* <input type="checkbox"/> Cardiovascular Disease* <input type="checkbox"/> Age > 55 * <input type="checkbox"/> Immunocompromised (cancer, HIV/AIDS, immunosuppression meds - steroids/biologics)* <input type="checkbox"/> Current Pregnancy/Postpartum* <input type="checkbox"/> Other:</p>	<p>Meds: <input type="checkbox"/> Oseltamivir <input type="checkbox"/> Antibiotics for CAP such as: Amoxicillin or Doxycycline <input type="checkbox"/> Other:</p> <p>SH: <input type="checkbox"/> Food insecurity, <input type="checkbox"/> Alcohol dependency <input type="checkbox"/> Substance use Disorder <input type="checkbox"/> Overcrowding <input type="checkbox"/> Other:</p>

Client Monitoring Flowsheet

Legend: Y=Yes N= No (where applicable). N/A=not applicable. Otherwise follow the directions. P/N: Progress notes. (Q) Guiding questions. (*) Red flags

Date: dd/mm/yy							
Time: 0000 hrs							
Type of follow-up: Home (H), Virtual (V) or Phone call (PC)							
Vital Signs	Temp:						
	O2 sat:						
	HR:						
	Other:						
Compliant with self-isolation Q: Could you walk me through your day from the time you got up? Did you leave the house/ facility for any reason since we last spoke?							
Compliant with medications Q: How many times today did you remember to take your meds?							
Able to complete usual activities, and managing well at home Q: Are there activities that you could do yesterday, that you cannot do today due the way you feel? Q: Are you having any difficulties managing the illness at home?							
Feeling confused or disoriented Q: Are you feeling faint or dizzy? Q: Are you having a hard time waking up? Q: Any seizures? Q: Any loss of consciousness? Children: Any lethargy, irritability? *Decreased level of consciousness							



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Fever (any shakes or chills)							
Cough							
Sputum (*increase purulence, hemoptysis)							
Shortness of breath/ difficulties breathing (*new or worsening SOB, blue lips or face).							
Chest pain (*new or worsening pain, or chest pressure)							
Lack of appetite (*decreased drinking or eating or persistent nausea or vomiting)							
Diarrhea							
Voiding as usual (*decreased urination, darker urine , <4 wet diapers/ 24 hrs)							
OBJECTIVE (IF HOME OR VIRTUAL VISIT)							
General Appearance Well (W) Distress (D) Unwell (UW)							
Mental Status: Awake and Alert (If no, please specify)							
ASSESSMENT							
Assessment/ Impression	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted	<input type="checkbox"/> Doing well/ no red flags <input type="checkbox"/> Getting worse/red flags noted
PLAN							
Client has adequate PPE							
Symptomatic management advice (Be specific: consider hydration/analgesia/etc.)							
Education Provided (Self-isolation, infection control practices, when to call the nursing station or health center, red flags etc.)							
Follow-up plan * If the client is experiencing worsening symptoms, unstable vitals, or any red flags, the client needs to be seen at the nursing station/ health center for a complete reassessment ASAP.	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N	<input type="checkbox"/> Continue with home monitoring and self-isolation <input type="checkbox"/> Discharge from self-monitoring and self-isolation <input type="checkbox"/> To clinic for further assessment Appt.: <input type="checkbox"/> See P/N
Name/Signature/ Designation							