

Edmonton Zone: Primary Care COVID-19 Adult Pathway

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Rapid deterioration is most common during week 2 from symptom onset

Presumed or confirmed COVID-19 patient with identified Most Responsible Provider (MRP) [More info: ILI presumed, symptomatic negative](#)

Virtual appointment booked with MRP [More info](#)

Establish/confirm date of symptom onset [More info](#)

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
 Low risk: Consider self-monitoring only
 Assess for safety net flags
 All patients should receive the self-monitoring checklist with a plan for deterioration, and details about the contact tracing notification process

[Risk stratification](#)
[Self-monitoring](#)
[Safety net flags](#)
[Contact tracing](#)

Determine health status today. Reinforce isolation

Patient reports feeling worse

Patient reports feeling unchanged

Patient reports feeling better

Screen for red flags
[Red flags](#)

Breathing Assessment Questionnaire [More info](#)
[Red flags](#)
 If negative: Continue below
 If positive: Screen for red flags

For EMERGENT management of clinically unstable patient:
 - Activate EMS by calling 911

For URGENT advice for clinically stable patients:
 - Call RAAPID [RAAPID](#)

For NON-URGENT patients, consider:
 - ConnectMD COVID Tele-health [More info](#)
 - Review Goals of Care, act based on this [ConnectMD Tele-Advice](#)
 - Palliative home care [ConnectMD Tele-Advice](#)

F/up every 24 hrs until stable x 14 days total.
 If there are clinical concerns consider ConnectMD COVID tele-advice. [ConnectMD 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
 Low risk: Consider self-monitoring only. [Self-monitoring](#)
 If additional non-urgent clinical questions during management, consider eReferral Advice [eReferral Advice Request](#)
 ISOLATE for 10 days from symptom onset or until symptoms are gone, whichever is longer. [More info](#)
 If symptoms persist >1 days use ConnectMD [ConnectMD Tele-Advice](#)



[Pediatric clinical management pathway](#)

[Pediatric testing & isolation pathway](#)

[Post-COVID-19 Pulmonary Clinic](#)

[Background](#)

EXPANDED DETAILS

Advice options: Connecting to Non-Urgent and Urgent Specialty Advice in Edmonton & North Zone

- Connecting to Specialty Care: Edmonton & North Zone <https://www.pcnconnectmd.com/wp-content/uploads/2020/11/ConnectingtoSpecialtyCare.pdf>

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 isolate for a minimum of 10 days from the start of symptoms or until symptoms resolve, whichever is longer.

Virtual appointment information

It is recommended to follow patients with COVID-19 symptoms in primary care, through virtual means. Information about virtual care can be found at: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

Establish/confirm date that symptoms first appeared

Establishing the date of symptom onset is important for establishing the release date from isolation. The duration of isolation is a minimum of 10 days from the onset of symptoms or until symptoms resolve – whichever is longer.

Risk Stratification

High Risk	Average Risk	Lower Risk
Patients with any of the safety net flags		Otherwise healthy adults
Patients with symptom deterioration	Pregnant women	No comorbidities
Any age with medical comorbidities		No safety net flags
Age > 60	40-60 years old with no medical comorbidities	Age 1-39 years old with no medical comorbidities

Safety Net Flags

- Socially isolated (Lives alone, unable to connect with others through technology, little to no social network)
- Lack of caregiver support if needed
- Inability to maintain hydration (Diarrhea, vomiting, cognitive impairment, poor fluid intake)
- Food/financial insecurity
- Receive homecare support
- Challenges with health literacy or ability to understand treatment recommendations or isolation expectations.
- Unable 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/Page16997.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>

[https://myhealth.alberta.ca/Alberta/Pages/Coronavirus-Disease-\(COVID-19\)-Care-Instructions.aspx](https://myhealth.alberta.ca/Alberta/Pages/Coronavirus-Disease-(COVID-19)-Care-Instructions.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 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 mottled skin
- New onset of 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 their 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:

C1 or C2	M1, M2, R1, R2, R3
Severe respiratory distress/pain → RAAPID for in-hospital palliation or community palliative paramedic program	Emergent issues → RAAPID or EMS
Evidence of progressive respiratory failure without distress → palliative home care	Stable but needs short intervention (oxygen support, fluids) → ConnectMD
	Stable but needs longer term intervention → ConnectMD

Breathing Assessment Questions

- How is your breathing?
- Is it worse today than yesterday?
- What does your breathing prevent you from doing?

For symptoms persisting longer than 14 days from onset

Patients should continue to be monitored until symptom remission. Isolation should continue for 10 days after symptom onset OR until core symptoms have cleared, whichever is longer. If the patient remains symptomatic after 10 days, they should be monitored for an additional 4 days – a total of 2 weeks after symptoms started. They should continue to isolate. If patient remains symptomatic two weeks after date of onset of symptoms, contact [ConnectMD](#) for advice on further investigations, management and isolation recommendations.

If Public Health has discharged a patient from isolation that you feel should still be isolating, consider:

- Public Health has the legal responsibility to require citizens who are diagnosed with COVID-19 to isolate and to release them from this requirement when they are no longer deemed at risk to spread the disease to others
- There should be alignment between the direction from Public Health and your advice to patients. When this doesn't happen, consider the following:
 - Is there agreement between your records and Public Health identification of the date of symptom onset?
 - The patient discloses medical information to you that is unavailable to Public Health (example - the presence of ongoing symptoms which would compel you to suggest continued isolation)
 - If you are unsure of whether to advise your patient to continue isolation beyond the date identified by Public Health, or if the patient remains symptomatic beyond 14 days after symptom onset, you can obtain advice from the [ConnectMD](#) COVID-19 support line (Infectious Disease)

BACKGROUND

About this pathway

Following the emergence of the COVID-19 pandemic in 2020, a team that included specialists from Respiriology and Infectious Disease, the AHS Primary Care team, Primary Care Networks and members of the Calgary Zone Specialty Integration Task Group developed this pathway to help support family physicians to care for their patients. This pathway has been adapted for use within the Edmonton Zone.

Authors and conflict of interest declaration

This pathway was updated and reviewed in December 2020. Names of participating reviewers and their conflict of interest declarations are available on request.

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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

Greenhalgh Trisha, Koh Gerald Choon Huat, Car Josip. Covid-19: a remote assessment in primary care <i>BMJ</i> 2020; 368 :m1182	https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf
Information for Primary Care Providers: novel coronavirus (COVID-19)	https://www.albertahealthservices.ca/topics/Page16956.aspx
Scientific Advisory Group	https://www.albertahealthservices.ca/topics/Page17074.aspx
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?	https://www.cebm.net/covid-19/are-there-any-evidence-based-ways-of-assessing-dyspnoea-breathlessness-by-telephone-or-video/
Novel Coronavirus (COVID-19) Frequently Asked Questions – for Community Physicians	https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf
Post-COVID Pulmonary clinic information	https://www.pcnconnectmd.com/wp-content/uploads/2020/12/PostCOVID-Letter-to-Family-Physicians-Dec2020.pdf

PATIENT RESOURCES

Information for Albertans: COVID-19	https://www.albertahealthservices.ca/topics/Page16997.aspx
COVID-19 info for Albertans	https://www.alberta.ca/coronavirus-info-for-albertans.aspx?utm_source=google&utm_medium=sem&utm_campaign=Covid19&utm_term=beinformed&utm_content=v7&gclid=EAlaIqobChMI-obwtuPK6AlVeyCtBh1ijAQUEAAYASAAEgLSQPD_BwE
How to manage symptoms	https://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx
Smoking cessation	https://www.albertaquits.ca/topics/smoking-vaping-covid-19