

*This is a living document that will be updated in real-time as more data emerges. These guidelines are intended to support providers and to augment clinical decision making.*

**The Enhanced Home Support Model has been revised.**

## Version 5.2

The new effective date is **July 21, 2021**.

*Refer to bottom right corner for latest version and date.*

### Summary of Changes

- Removal of Aspirin Therapy

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### PURPOSE

The aim of the Enhanced Home Support Model of Care is to reduce utilization of hospital and emergency department services by safely managing patients in the home. This model will leverage home health services, telehealth, and ancillary services for qualifying patients.

### TARGET POPULATION

#### **Emergency Department**

While the Enhanced Home Support Model of Care was originally designed to support established patients originating from the ambulatory setting, it has been expanded to the ED and Inpatient setting to help expedite care for patients upon discharge.

#### **Patients with Chronic Medical Conditions**

A separate target patient population may also benefit from an in-home assessment and support model. This target population would include patients with pre-existing heart failure/COPD or other chronic conditions (e.g. Cancer, wounds) in the absence of COVID-19 symptoms. This target population may be experiencing symptoms of an exacerbation and could be potentially managed in the home after assessment utilizing home health services.

### MILD COVID-19 DISEASE

**From the ED:** It is still recommended that if a patient has COVID-19 or suspected COVID-19 and a new oxygen requirement, admission is recommended for initial evaluation and stabilization. If hospital capacity is overwhelmed OR the patient desires to go home, home health care can manage patients on nasal cannula up to 3 LPM with oxygen saturation >92%. Walking oximetry should be performed regardless of O<sub>2</sub> therapy. If patient requires O<sub>2</sub>, e-tank with regulator and nasal cannula, is delivered to ED prior to patient discharge from ED.

#### **No Risk Factors (See clinical criteria in Sidebar B on page 2) / Oxygen Saturation >92 %**

- Fever, malaise, cough, headache, sore throat, myalgia, nasal congestion, diarrhea.
- Room air, low flow oxygen, nasal cannula up to 3 LPM flow.

#### **Therapy:**

- Supportive care
- If patient requires supplemental oxygen, order **dexamethasone** 6 mg PO daily x10 days unless contraindicated

### **CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19**

This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation of people with confirmed or suspected COVID-19 infection, including persons under investigation. This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization/ED visit with confirmed COVID-19 infection.

#### **Considerations for care at home include whether:**

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

Additional patient focus includes patients discharged from the Emergency Department (ED), Skilled Nursing Facility (SNF), and Inpatient Rehabilitation Facility (IRF).

# COVID-19

## Enhanced Home Support Model: COVID-19 Confirmed or PUI Patient Referred from ED

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### Patient Discharged from ED to Home

#### Discharged with Home Health Care

- Identify PCP for patient follow-up
- Measure oxygen saturation with activity
- Refer to HouseCalls if no PCP
- Referral to Home Health Care with COVID-19 Standing Orders signed by ED physician or discharging hospitalist
- **If patient requires oxygen, ED Care Manager to order and ensure delivery prior to discharge. Insurance requires a documented O<sub>2</sub> sat <92% to cover home oxygen.**
- See Sidebar A for preferred home health agencies
- Virtual f/u appointment with PCP scheduled
- Consider monoclonal antibody therapy per criteria

#### SIDEBAR A: Home Health Agencies accepting pre-signed orders

- Baptist Home Health Care by Bayada  
904-202-4300
- A Care Connection  
904-899-5520
- APEX  
904-425-4202
- Beyond Home Health Care  
904-861-2612
- Brooks Rehab Home Health  
904-306-9729
- Concierge  
904-733-1003
- Other HHAs may be included depending on patient need and capacity

\*Referral Coordinator to ask patient preference on HHA

\*Take insurance into account

#### Vital signs within normal limits *Summary of Home Health Standing Orders*

- Perform walking oximetry daily regardless of O<sub>2</sub> therapy.
- If O<sub>2</sub> sat ≥92%:**
  - Instruct patient to monitor O<sub>2</sub> sat level every 8h until discharge from HH, and to call HH nurse and physician if O<sub>2</sub> sat decreases below 92%.
- If O<sub>2</sub> sat <92% (including patients who develop a need for oxygen therapy post-hospital discharge):**
  - HH RN places O<sub>2</sub> on patient and titrates to sat ≥92% not to exceed 3 LPM
  - Patient instructed to check O<sub>2</sub> sat every 8h or more often if SOB
  - Goal O<sub>2</sub> sat ≥92% on ≤3 LPM
  - Instruct patient on use of incentive spirometer at least every hour
  - RN notifies PCP of visit and intervention to receive orders
  - Home Health continues to monitor per standing orders – communicate with BPE Provider via Cortext (BHHC only) or other telephonic method
  - Patient instructed to call PCP office and Home Health if worsening symptoms develop
  - PCP will schedule 24-hour virtual f/u visit, and at least one visit every 72-hours or as clinically indicated

#### SIDEBAR B: Consider the following exclusion criteria to the Home Support Model

##### Clinical Criteria

- Presence of a serious, uncontrolled comorbid condition that may worsen the course of COVID-19 (immunocompromised patients (on chemotherapy/neutropenic, transplant patient or on chronic steroids), COPD, heart failure, diabetes, coronary artery disease, cancer, ESRD, pregnancy, CVA, liver disease, or any other significant/high-risk medical condition)
- Not maintaining oxygen saturation ≥92% on 3 LPM
- Level of dyspnea is increasing
- BP, RR unstable vital signs
- Symptoms of rapid decline or clinical instability
- Age >65 exercise caution and assess for frailty
- Obesity appears to be a significant risk factor for poor outcomes

##### Home Environment Not Supported by Social Work

- Lack of caregiver support
- Assistance with 2 or more ADLs (transferring, toileting/continence, dressing, showering/bathing, feeding oneself)
- Lack of access to food and other basic needs
- Proximity to a hospital
- Unsafe home environment
- Inability to guarantee self isolation
- Inability to provide a reliable communication process

# Enhanced Home Health Standing Orders: Referral from ED for Patients with Confirmed/Suspected COVID-19 Disease

**Oxygen:** If O<sub>2</sub> sat <92%, start O<sub>2</sub> on patient and titrate LPM to maintain O<sub>2</sub> sat ≥92% not to exceed 3 LPM via nasal cannula.

- E-tank (with regulator and nasal cannula) is delivered to ED prior to patient discharge
- Send order for concentrator to DME company for delivery to patient's home
- **If >3 LPM required at oxygen initiation, send to ED immediately and do not initiate protocol.**

## Start of Care Labs:

- Do not repeat labs at start of care. Check Cerner for results.

## Labs – 48 hours after SOC:

- CBC with diff and BMP.
- Additional labs at physician discretion.

**Skilled Nurse:** Daily x5 consecutive days (to be re-evaluated on a regular cadence by physician) via virtual or in home visits for assessment and vital signs, then every other day for an additional 5 days, 3 PRN visits for troubleshooting worsening symptoms and vital signs, call primary care physician for further orders.

- Arrives no later than the day after referral.
- Arrives with oximeter, thermometer, and BP cuff
- Check patient O<sub>2</sub> saturation every visit.
- Order O<sub>2</sub> per parameters above, if not already ordered.
- Perform walking oximetry daily regardless of O<sub>2</sub> therapy
- Instruct patient to rest and breathe calmly until O<sub>2</sub> concentrator arrives from DME company, follow up to ensure it was delivered.
- If patient O<sub>2</sub> sat consistently >96%, wean oxygen down to maintain O<sub>2</sub> sat ≥92%. Do not remove concentrator until order is received from physician.
- If patients not on O<sub>2</sub> or ≤3 LPM and now requires more O<sub>2</sub> to maintain O<sub>2</sub> sat ≥92% at rest or walking, initiate/titrate O<sub>2</sub> therapy and contact primary care physician, possible referral to ED for evaluation.
- **Refer back to ED at any time during course of treatment if:**
  - O<sub>2</sub> sat <92% on 3 LPM and/or any dramatic increase in symptoms **OR;**
  - Patient consistently requires >3 LPM to maintain O<sub>2</sub> sat ≥92% at rest **OR;**
  - Walking oximetry O<sub>2</sub> sat <80% **OR;**
  - O<sub>2</sub> sat decreases to 80-91% with activity and O<sub>2</sub> sat does not return to ≥ 92% after 2 minutes of rest

## Medications and Other Standing Orders:

- **Monoclonal Antibody Therapy:** If patient is not on oxygen or has not had an oxygen increase from pre-COVID-19 baseline (including patients on oxygen for other conditions), patient may be notified by ED of candidacy for therapy.
- **Dexamethasone:** If patient requires supplemental oxygen, order: 6mg PO once daily x10 days.
- **Fever >100.4°F:** Tylenol 650mg every 4-6h as needed (max dose 4g daily for age <65; max dose 3g daily for age >65; for patients with liver disease, reduce dose by 50%).
- **Cough:** Robitussin or Delsym as directed.
- **Nausea/Vomiting:** Ondansetron 4mg PO every 6-8h as needed; for patients with liver disease, 4mg PO every 12h as needed; (max dose 8mg daily).
- **Diarrhea:** Kaopectate, Pepto-Bismol, or Imodium.
- **Hydration:** Encourage PO intake.

## Patient Education:

- Teach patient/caregiver use of pulse oximeter. If reading is <92% on current liter flow, take slow and deep breaths, increase O<sub>2</sub> to no more than 3 LPM, monitoring and recording results every 8 hours or more often if SOB.
- Instruct patient/caregiver to call 911/proceed to ED if O<sub>2</sub> saturation is <92% on 3 LPM at rest or worsening symptoms.
- Instruct on care and safety of O<sub>2</sub>.
- Educate on incentive spirometer use.
- For patients on dexamethasone who have diabetes, reinforce blood glucose monitoring education.
- Instruct patient to be out of bed for meals and ambulate as able.
- Instruct patient to wear mask and quarantine from rest of family.
- Instruct patient to maintain prone position (or side-lying position if proning is not possible) when patient is in bed.

Matt Rill, MD, Chairman of Emergency Medicine, Baptist Health: 

Ordering Physician Signature: (electronic signature)

Ordering Physician Cell Phone Number: (904) 233-5485

Effective Dates: December 18, 2020 – December 31, 2021.

**If O<sub>2</sub> needed, Home Health will fax to appropriate DME company with below information:**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient O<sub>2</sub> Saturation on room air: \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_ LPM to maintain O<sub>2</sub> Sat ≥92%

Assessing Skilled Nurse: \_\_\_\_\_ O<sub>2</sub> Tank # on delivered tank: \_\_\_\_\_