EXPANDED DETAILS

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. You can refer to https://www.ahs.ca/isolation for more details.

Risk Stratification

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Average Risk</th>
<th>Lower Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with any of the safety net flags</td>
<td>Otherwise healthy adults</td>
<td></td>
</tr>
<tr>
<td>Patients with symptom deterioration</td>
<td>Pregnant women</td>
<td>No comorbidities</td>
</tr>
<tr>
<td>Any age with medical comorbidities</td>
<td>No safety net flags</td>
<td></td>
</tr>
<tr>
<td>Age &gt; 60</td>
<td>40-60 years old with no medical comorbidities</td>
<td>Age 1-39 years old with no medical comorbidities</td>
</tr>
</tbody>
</table>

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](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/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](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](http://www.conversationsmatter.ca).

Red Flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale molten 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:

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

• How is your breathing?
• Is it worse today then 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:
  o Is there agreement between your records and Public Health identification of the date of symptom onset?
  o 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)
  o 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 Respirology 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 Central Zone.

Authors and conflict of interest declaration
This pathway was reviewed and updated 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

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for Primary Care Providers: novel coronavirus (COVID-19)</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page16956.aspx">https://www.albertahealthservices.ca/topics/Page16956.aspx</a></td>
</tr>
<tr>
<td>Scientific Advisory Group</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page17074.aspx">https://www.albertahealthservices.ca/topics/Page17074.aspx</a></td>
</tr>
</tbody>
</table>

### Advice options: Connecting to Non-Urgent and Urgent Specialty Advice in Central Zone

- For RAAPID North, call 1-800-282-9911 or 780-735-0811. For RAAPID South, call 1-800-661-1700 or 403-944-4486. Visit [https://www.albertahealthservices.ca/info/Page13345.aspx](https://www.albertahealthservices.ca/info/Page13345.aspx) for more details.
- Community pediatrics advice is available in the Central Zone via Alberta Netcare eReferral Advice Request (responses are received within five calendar days). This is for non-urgent questions requiring advice within two to five days. Go to [www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm) for instructions on how to submit a request. For training support, email ehealthsupport@cgi.com or call 1-855-733-3755 (Monday to Friday).
- In the Central Zone, pcnconnectmd.com connects family physicians and specialists in real time via a tele-advice line. COVID-19 tele-advice options available via ConnectMD online at [pcnconnectmd.com](http://pcnconnectmd.com) or by calling 780-735-0811. The service is available from Monday to Thursday: 9:00 a.m. – 6:00 p.m. and Friday: 9:00 a.m. – 4:00 p.m. (with some exceptions).

## PATIENT RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>Information for Albertans: COVID-19</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page16997.aspx">https://www.albertahealthservices.ca/topics/Page16997.aspx</a></td>
</tr>
<tr>
<td>How to manage symptoms</td>
<td><a href="https://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx">https://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx</a></td>
</tr>
<tr>
<td>Smoking cessation</td>
<td><a href="https://www.albertaquits.ca/topics/smoking-vaping-covid-19">https://www.albertaquits.ca/topics/smoking-vaping-covid-19</a></td>
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