Addendum – Home-care guidelines for patients with COVID-19

General advice for the care of patients in residential aged care facilities

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This addendum provides general advice for the care of patients in residential aged care facilities (RACFs) to supplement information provided in the Home-care guidelines for patients with COVID-19.

COVID-19 is acknowledged as a significant health risk for older adults. RACFs are high-risk settings for infection outbreak due to a number of factors such as the number of residents, shared living environments and workforce mobility. Residents, by nature of their age and likelihood of having comorbidities, are at high-risk of more severe illness if they contract COVID-19. With the current pressures on the healthcare system, many RACF residents who test positive to COVID-19 will continue to be cared for at the RACF.

Patients’ suitability for care at a RACF should be guided by the National COVID-19 Clinical Evidence Taskforce’s pathways of care for adults with COVID-19 to assess risk factors for severe disease and the need for transfer to hospital.

All RACFs should have a response plan in place to manage COVID-19 outbreaks. If you or your practice provide services to residents of a facility, you should ensure your practice contact details and a list of your specific patients are included as part of this plan.

If you are providing care for patients in RACFs, you can do this via telehealth in collaboration with a facility nurse or carer where it is safe and clinically appropriate. If you need to assess a patient face-to-face, ensure you have access to the appropriate personal protective equipment (PPE). You may need to provide care for other illnesses as well as for COVID-19.
The current recommendations from the National COVID-19 Clinical Evidence Taskforce for managing people with COVID-19 who are older and living with frailty and cognitive impairment include:

- identifying and confirming advance care directives and plans
- discussing and agreeing goals of care with the patient or medical decision maker
- providing respiratory support and other disease modifying treatments if goals of care include active disease management
- undertaking a clinical assessment to determine the expected prognosis
- establishing ongoing communications with a carer or family member
- managing breathlessness or cough and avoiding fans and nebulised medications due to potential for aerosol generation
- organising support for patient mental wellbeing
- when considering treatment options, taking individual decision-making around goals of care into account
- discussing decisions around proceeding to more invasive forms of ventilation with the patient or their substitute/medical treatment decision-maker
- seeking specialist palliative care support and advice if a person has symptoms such as breathlessness or delirium which are difficult to manage, and/or is imminently dying.

If you are required to issue a death certificate for your patient, COVID-19 should be recorded as the cause of death where the disease caused, is assumed to have caused, or contributed to death. Existing conditions, especially those which are chronic in nature, that may have contributed to death should also be included.

### Treatment options

Two new antiviral medicines, Lagevrio® (molnupiravir) and Paxlovid® (nirmatrelvir plus ritonavir) are now provisionally approved for use in Australia for the treatment of COVID-19 for patients who meet the eligibility criteria.

Allocations of Lagevrio®, have been pre-placed in all RACFs across Australia.

The National COVID-19 Clinical Evidence Taskforce has released treatment recommendations for the use of both medicines for people over 18 years of age with confirmed COVID-19 who do not require oxygen and who have one or more risk factors for disease progression. Both medicines can decrease the risk of hospitalisation if taken within five days of symptom onset.

The National COVID-19 Clinical Evidence Taskforce recommends Lagevrio® be considered for use as follows:

- within 5 days of symptom onset in adults with COVID-19 who do not require oxygen; and
- who are unvaccinated and have one or more risk factors for disease progression; or
- who are immunosuppressed or not immunocompetent regardless of vaccination status; or
- who have received one or two doses of vaccine and are at high risk of severe disease on the basis of age and multiple risk factors; and
- where other treatments (such as intravenous sotrovimab or oral nirmatrelvir plus ritonavir) are not suitable or available.

The most common side effects of Lagevrio® are diarrhoea, nausea and dizziness. These side effects can lead to significant morbidity in frail and elderly patients, including dehydration, delirium and increased risks of falls. It is important older people who are administered Lagevrio® are closely monitored.

As with all medicines, patients or carers will need to provide informed consent for these medicines to be prescribed. GPs working with patients in RACFs may find it helpful to pre-emptively discuss these medicines with their patients, even if they do not have COVID-19, to determine eligibility criteria and obtain pre-consent for these medicines to be prescribed in the event they test positive for COVID-19.
References

