

My COVID-19 action plan
and daily symptom diary

**Keep this action plan somewhere easy to find.**

Fill out the symptom checklist at least every day while you are isolating, or for as long or as frequently as advised by your GP or nurse. It will help you track how you are feeling. It will also help your GP or nurse track your symptoms and determine whether your management plan needs changing.

It is a good idea to share it with a household member or a friend you trust who can check in with you each day while you are in isolation.

If you need to speak with any healthcare professional or call for an ambulance, show them this plan.

My COVID-19 action plan

My details

|  |
| --- |
| Name:  |
| Age: Date of birth:  |
| I am isolating: [ ]  at home alone [ ] with household members [ ] with a visiting carer  |
| Relevant medical history (physical and mental): |
| My usual medicines are: |
| I have been prescribed these medicines by my GP (or other health professional) to manage my COVID-19 symptoms: |
| COVID-19 vaccination status: [ ] Fully vaccinated [ ] Partially vaccinated [ ] Unvaccinated Date of first dose: Click or tap to enter a date.Second dose: Click or tap to enter a date.Third or booster dose: Click or tap to enter a date. |
| Allergies and adverse reactions: |
| Date of onset of symptoms: Click or tap to enter a date. |
| Date of test confirming COVID-19 positive status: Click or tap to enter a date. |
| Advanced care plan: [ ] Yes [ ] No |
| Emergency contact:  |
| Relationship:  |
| Contact details: |

My care team

|  |
| --- |
| My general practice is:  |
| Their phone number is:  |
| My GP’s name is:  |
| My nurse’s name is:  |
| If I need my GP/nurse and they are unavailable, I will call:  |

My scheduled telehealth check-ups

|  |  |  |  |
| --- | --- | --- | --- |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |
| Date: Click or tap to enter a date. | Time: | Practitioner: | Completed: [ ]  |

Managing my symptoms\*

|  |  |  |
| --- | --- | --- |
| If I have mild symptoms, such as:* aches and pains
* sore throat
* dry cough
* runny nose

I will manage these symptoms by:* getting enough rest
* staying active (staying within my house and/or garden)
* eating well
* maintaining a good fluid intake
* taking any medicines discussed with my GP (or other health provider)
* taking paracetamol or ibuprofen for symptom relief.

I will continue to monitor and document my symptoms in the My daily symptom diary. | If I have any moderate symptoms, such as:* oxygen level of 93–94%\*
* respiratory rate of 20–30 breaths per minute\*
* temperature above 38 degrees\*
* vomiting or diarrhoea
* mild breathlessness or a persistent cough
* struggling to get out of bed, and feeling unusually tired and weak
* My daily symptom diary looking like it is tracking worse, rather than stable or better

I will contact my general practice for review as soon as possible. If they are unavailable, I will call the person/service listed in the ‘My care team’ section, or the National Coronavirus Helpline on 1800 020 080. | If I have any severe symptoms, such as:* oxygen level of 92% or less\*
* respiratory rate of more than 30 breaths per minute\*
* heart rate staying at or above 120 beats per minute\*
* severe shortness of breath or difficulty breathing
* lips or face turning blue
* pain or pressure in my chest
* cold and clammy, or pale and mottled, skin
* confusion (eg I cannot recall the day, time or names)
* fainting
* finding it difficult to keep my eyes open
* little or no urine output
* coughing up blood

I will call 000 immediately and let them know that I have COVID-19. |

\*Your GP might change these parameters if the patient is a child, or depending on your medical history.

My daily symptom diary

**Each day (or as often as your GP or nurse says), fill out the table below.**

For oxygen levels, heart rate, respiratory rate (breathing) and temperature, record the daily reading. For other symptoms, think about how the symptom is today, compared with the day before – and place the best letter to describe this:

**same (S), better (B) or worse (W).**

|  |  |
| --- | --- |
| **Signs and symptoms** | **EXAMPLE****Day 1****20/01/2022**Time: 9:00am |
| Shape  Description automatically generated with low confidence | **Oxygen level** | 95% |
| Shape  Description automatically generated with low confidence | **Heart rate (pulse)** | 90 |
| Shape  Description automatically generated with low confidence | **Respiratory (breathing)** | 16 |
| Shape  Description automatically generated with low confidence | **Temperature** | 37.1 |
| Shape  Description automatically generated with low confidence | **Breathlessness** | S |
| Shape  Description automatically generated with low confidence | **Cough** | W |
| Shape  Description automatically generated with low confidence | **Muscle aches and pains** | B |
| Shape  Description automatically generated with low confidence | **Headache** | B |
| Shape  Description automatically generated with low confidence | **Fatigue** | W |
| Shape  Description automatically generated with low confidence | **Vomiting or diarrhoea** | B |
| **Intake** |
| Shape  Description automatically generated with low confidence | **Food intake**  | B |
| Shape  Description automatically generated with low confidence | **Fluid intake**  | B |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signs and symptoms** | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: |
| Shape  Description automatically generated with low confidence | **Oxygen level** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Heart rate (pulse)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Respiratory (breathing)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Temperature** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Breathlessness** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Cough** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Muscle aches and pains** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Headache** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fatigue** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Vomiting or diarrhoea** |  |  |  |  |  |  |  |  |
| **Intake** |  |  |  |
| Shape  Description automatically generated with low confidence | **Food intake**  |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fluid intake**  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signs and symptoms** | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: |
| Shape  Description automatically generated with low confidence | **Oxygen level** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Heart rate (pulse)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Respiratory (breathing)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Temperature** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Breathlessness** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Cough** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Muscle aches and pains** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Headache** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fatigue** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Vomiting or diarrhoea** |  |  |  |  |  |  |  |  |
| **Intake** |  |  |  |
| Shape  Description automatically generated with low confidence | **Food intake**  |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fluid intake**  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signs and symptoms** | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: |
| Shape  Description automatically generated with low confidence | **Oxygen level** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Heart rate (pulse)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Respiratory (breathing)** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Temperature** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Breathlessness** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Cough** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Muscle aches and pains** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Headache** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fatigue** |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Vomiting or diarrhoea** |  |  |  |  |  |  |  |  |
| **Intake** |  |  |  |
| Shape  Description automatically generated with low confidence | **Food intake**  |  |  |  |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fluid intake**  |  |  |  |  |  |  |  |  |