



# Criteria for patients who may be suitable for homecare with suspected/confirmed COVID-19



Use this form to assess if an individual is suitable for homecare.

**Both** medical and home environment criteria must be met.

This form can be utilised in all settings and can be used, in conjunction with mini registration, as the medical record of your assessment

## Diagnostic criteria:

Fever or chills with or without the symptoms and signs of a respiratory tract infection, including cough.

## Physiological assessment:

**Red flags** include presentation INEWS  $\geq 7$ , any single parameter score of 3.

Irish National Early Warning System (INEWS) Scoring Key for use in the Community with Covid19 (March 2020)									
SCORE	3	2	1	0	1	2	3	Observation:	Parameter score:
Respiratory Rate (bpm)	$\leq 8$		9 - 11	12 - 20		21 - 24	$\geq 25$		
SpO <sub>2</sub> (%)	$\leq 91$	92 - 93	94 - 95	$\geq 96$					
Inspired O <sub>2</sub> (FiO <sub>2</sub> )				Air			Any O <sub>2</sub>		
Systolic BP (mmHg)	$\leq 90$	91 - 100	101 - 110	111 - 249	$\geq 250$				
Heart Rate (BPM)		$\leq 40$	41-50	51 - 90	91 - 110	111 - 130	$\geq 131$		
ACVPU/CNS Response				A (Alert)			New confusion (C) Voice (V) Pain (P) Unresponsive (U)		
Temp (°C)	$\leq 35.0$		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	$\geq 39.1$			
<b>Patients with an INEWS score of <math>&lt; 3</math> may be suitable to be cared for at home or in the Community.</b>									Total INEWS Score:

## Criteria for suitability for home care:

- Stable patient with INEWS score of less than 3
- Suitable home and psychosocial circumstance
- Clinical judgement

## Home Environment:

- Home Available  Yes  No *If no, consider transfer to intermediary care centre if available.*
- Care Giver Available  Yes  No *If no, consider transfer to intermediary care centre if available.*
- COVIDcare monitoring / support established
- Pre-agreed patient monitoring plan
- Pre-agreed criteria for the cessation of isolation
- Pre-agreed conditions for the self-isolation of household contacts i.e. the 14-days isolation from the time the positive individual is deemed to be no longer infective
- Patient / Caregiver provided with education on home care



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## Patient details / Mini registration:

Attach Patient Addressograph Label

Patient Name :

Date of Birth:

Healthcare Record No.:

Address:

### List Allergies:

## Attendance details:

Admission Date: DD/MM/YY

Discharge Date: DD/MM/YY

- I have completed the reverse of this form and am satisfied that this patient is stable and suitable for HOMECARE
- I have informed the patient and they have consented to homecare
- The patient has an identified caregiver and has a home environment deemed suitable by information given.

Caregiver Name: \_\_\_\_\_

Caregiver Contact Details: \_\_\_\_\_

- The patient / caregiver have been provided with the appropriate information and escalation plan in the event of deterioration

## Clinical findings / Additional information:

### To be completed by Treating Clinician

Name:

Title:

Signature:

Date:

Time: