

THINK COVID - Covid 19 Assessment in the Older Adult

Older people who have Covid 19 are less likely to present with cough, fever, loss of taste or smell or influenza-like illness. Instead, they will present with other symptoms or clinical presentations. Given this, in line with SIGN guidance older adults in acute settings should also be assessed for the following;

- Delirium
- New fall
- Signs of worsening acute kidney injury
- Reduced appetite/anorexia
- Reduced fluid Intake
- Nausea/vomiting
- Loose stools/diarrhoea
- Low grade fever
- Lethargy
- Fatigue
- Abdominal Pain
- Headache
- New aches and pains

Delirium

Change of behaviour is common when unwell particularly in those living with dementia look for signs of **delirium**

- Increase in agitation or restlessness
- Increasing sleepiness
- Change in levels of confusion

Whilst the signs described above may also be signs or symptoms of other clinical conditions Clinicians identifying any of these in an older adult should always **THINK COVID** and consider testing for; optimal treatment, patient placement and for supported discharge home or a homely setting. In this patient group information from the carer or relative regards a change in condition will be crucial in the decision making process.

If admitted to a green or amber pathway patients should be assessed for these symptoms at least daily and if changes are identified **THINK COVID** and test carried out where appropriate.

Useful References

JAMA Network

[https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773106#:~:text=Early%20COVID%2D19%20studies%20have,care%20unit%20\(ICU\)%20patients.&text=In%20one%20study%2C21%20among,1%25%20of%20those%20who%20recovered](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773106#:~:text=Early%20COVID%2D19%20studies%20have,care%20unit%20(ICU)%20patients.&text=In%20one%20study%2C21%20among,1%25%20of%20those%20who%20recovered)

SIGN

https://www.sign.ac.uk/media/1625/sq_presentations_and_management_of-covid-19_in_older_people.pdf

British Geriatric Society

<https://www.bgs.org.uk/sites/default/files/content/attachment/2020-06-02/COVID19intheolderadultposterFINAL.pdf>

Paper from QEUH: <https://journals.sagepub.com/doi/full/10.1177/0036933020962891>

Delirium:

<https://academic.oup.com/ageing/advance-article/doi/10.1093/ageing/afaa223/5912424>

Suggested Covid Checklist

DAILY THINK COVID CHECKLIST FOR OLDER ADULTS			
Delirium			
New Fall			
Signs of worsening acute kidney injury			
Reduced appetite/anorexia			
Reduced fluid intake			
Nausea/vomiting			
Loose stools/diarrhoea			
Low grade fever			
Lethargy			
Fatigue			
Abdominal Pain			
Headache			
New aches and pains			
<p>Delirium Change of behaviour is common when unwell particularly in those living with dementia look for signs of delirium</p> <ul style="list-style-type: none"> • Increase in agitation or restlessness • Increasing sleepiness • Change in levels of confusion 			
<p>Patients may present earlier in the disease trajectory with atypical signs as above. This may increase the likelihood of a false negative diagnostic test result. Patients admitted to a green or amber pathway should be assessed for these signs and symptoms at least daily and if changes are identified THINK COVID and carry out testing where appropriate. In this patient group information from the carer or relative regards a change in condition will be crucial in the decision making process.</p>			
Date	Test undertaken		If No state reason;
	Yes	No	