



COVID-19 in the older adult

1 How does the older adult present?

2 Clues in biomarkers/tests

3 Management

WATCH OUT FOR

Less likely to present with cough, dyspnea or temperature

- Delirium
- Anorexia/ Fatigue/ malaise
- Deterioration in function
- Falls/ Syncope
- GI symptoms
- Day to day variability

Clues in biomarkers/ tests

- Lymphopenia
- Modest rise in inflammatory markers
- Hypoxia without breathlessness
- Acute kidney injury
- Hyponatraemia
- May have no CXR changes

Symptoms may be unreliable- consider early testing

If index of suspicion high Repeat swabs

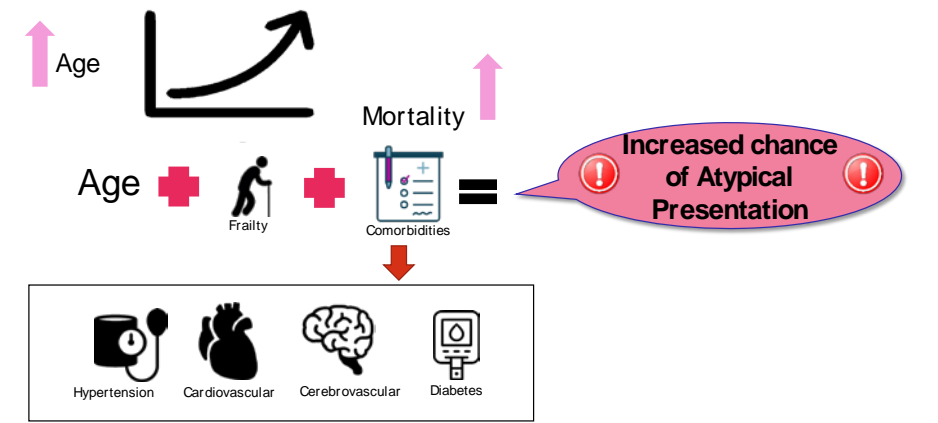
<p>Treat superimposed infection</p> <p>Acute kidney injury</p> <p>VTE thromboprophylaxis</p> <p>GI symptoms</p>	<p>Management of delirium</p> <p>Functional decline/ Rehabilitation</p> <p>Remember latent fatigue</p> <p>Beware nutrition, hydration and mouth care</p> <p>Look at the medication</p>
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Don't forget non-covid causes for presentation

4 The Sums

5 Assessment of Frailty

6 Special considerations



Severity of illness may be disproportionate to symptoms

Assess frailty at the front door (use the tool that best fits your service)

Comprehensive Geriatric Assessment (CGA) NNT 33

Benefit from a Clinical Frailty Score

- Functional status 2 weeks before admission
- Not validated in Under 65 or those with stable lifelong disability

Communication

- Patient PPE Hearing/visual
- Relative Virtual visiting/updates

Discharge planning

- Shielded/vulnerable spouses Carer packages
- Nursing/residential home Working in partnership

Follow local guidelines

Cohorting/ multiple occupancy rooms with local infection control teams

Supporting patients who are confused and excessively mobile

7 Treatment Escalation Plans

- Individualised care plan including TEP
- DNACPR discussions
- Conversations with openness & compassion
- Palliative care- involve your palliative care teams early and individualise the care

REDMAP FRAMEWORK

- R**EADY - CAN WE TALK ABOUT YOUR CARE?
- E**XPECT - WHAT DO YOU KNOW/ WANT TO ASK?
- D**IAGNOSIS - WE KNOW/DON'T KNOW
- M**ATTERS - WHAT MATTERS TO YOU?
- A**CTION - THIS CAN HELP/ THIS WILL NOT HELP
- P**LAN - LET'S PLAN GOOD CARE FOR YOU + YOUR FAMILY

CPR

WE WON'T USE MACHINES THAT CAUSE HARM

WE WON'T PRESS ON YOUR CHEST IF YOUR HEART STOPS BEATING ...

...BECAUSE THESE THINGS DON'T WORK

Useful resources:

REDMAP Framework

Coronavirus and Older People (BGS Website)



COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

COVID-19 in the older adult

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	No
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Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.