Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS Community Health Nursing	

TITLE:		SECTION:	POLICY NUMBER:
Establishing the Plan of Care for High-Risk COVID-19 Clients		**Nursing Practice**	**07-042-00**
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
February 23, 2022	February 23, 2023	New Policy	13
APPLIES TO:			
Health Care Providers in the Community Health Centre Setting			

1. BACKGROUND:

The Department of Health (Health) recognizes a shifting paradigm focusing on living with COVID-19 rather aiming for a net zero case count. With the increased prevalence of COVID-19 infections in the territory, it is essential for Health Care Providers (HCP) to identify COVID-19 clients who are at risk for decompensating. This will allow the Physician and HCP to develop a plan of care aimed at preventing the severity of illness and improving health outcomes.

This policy will outline the required procedural steps to identify high risk clients, categorizing the COVID-19 severity of illness, the process of communicating this information along with recommendations for establishing the plan of care.

2. POLICY:

For all clients with a presumptive or confirmed diagnosis of COVID-19 that present to the health centre, the HCP shall:

2.1 Stratify the risk utilizing Appendix A: ***A Comprehensive List of COVID-19 Risk Factors Contributing to Poor Outcomes*** and Appendix B: ***Risk Factor Decision Guide.***

2.2 Categorize the severity of illness for clients utilizing Appendix D: ***Severity of Illness Decision Guide.***

2.3 Consult the Physician or Nurse Practitioner (NP) for all clients with one or more risk factors who are not fully vaccinated, regardless of severity of illness.

2.4 Consult the physician or NP for clients who are Immunocompromised regardless of vaccination status.

2.5 Consult the Regional On-Call Physician for all clients categorized with moderate or greater severity of illness; all clients with a recorded SPO2 less than 93% or a 4% deviation in a person whose baseline saturation typically trends below normal range; or who have required oxygen therapy at any time (even if transient) during the health centre visit.

2.6 The Regional On-Call Physician will utilize Appendix D: ***Severity of Illness Decision Guide*** to assist in decision making re: the need to medevac.

3. PRINCIPLES:

3.1 The HCPs should always err on the side of caution when ever in doubt of the plan of care for a presumptive or confirmed COVID-19 client.

4. DEFINITIONS:

4.1 HCP: Community Health Nurse (CHN), Supervisor of Health Programs (SHP), Public Health Nurse (PHN), Home Care Nurse (HCN), Advanced Care Paramedic (ACP), Primary Care Paramedic (PCP), Nurse Practitioner (NP), Physician.

4.2 Not fully vaccinated (mRNA): As of February 22, 2022, the definition of "not fully vaccinated" includes 1) clients who either have not received any or only one COVID-19 vaccine dose or clients who have received the second vaccine dose less than 14 days ago 2) immunocompromised clients who have not received any or only one/two COVID-19 vaccine doses or clients who have received the third vaccine dose as part of their primary series less than 14 days ago.

4.2.1 For the most up to date definition, please visit the Public Health Agency of Canada website: COVID-19 Vaccines: Authorized vaccines - Canada.ca

4.3 Fully vaccinated (mRNA): As of February 22, 2022, the definition of "fully vaccinated" includes 1) clients who are 14 days post their second COVID-19 vaccine 2) immunocompromised clients who are 14 days post their third COVID-19 vaccine dose as part of their primary series.

4.3.1 For the most up to date definition, please visit the Public Health Agency of Canada website: COVID-19 Vaccines: Authorized vaccines - Canada.ca

5. GUIDELINE FOR ESTABLISHING A RISK ASSESSMENT AND SEVERITY OF ILLNESS FOR COVID-19

5.1 All clients with a presumptive or confirmed diagnosis of COVID-19 that present to the health centre shall have their demographic, social and past medical history compared to Appendix A: ***A Comprehensive list of COVID-19 Risk Factors.***

5.1.1 All clients with one or more risk factors who are **not** fully vaccinated, regardless of severity of illness shall have a consult with a physician or NP to assist with the plan of care.

5.1.1.1 Although a history of smoking cigarettes (both history and current) is considered a risk factor, for the purpose of this medical directive, it will not be labeled as an isolated risk factor alone.

5.1.2 All clients who are Immunocompromised regardless of vaccination status shall have a consult with a physician or NP to assist with the plan of care

5.1.3 Utilizing Appendix C: ***Covid-19 Death Risk Ratio for Age Groups and Comorbidities***, the Physician or NP will take into consideration the accumulation of risk factors in the unvaccinated clients to decide if monitoring can be conducted safely in community or if the client should be transferred to another centre for closer follow-up.

5.1.4 All high-risk clients determined by the physician or NP to be appropriate for monitoring in the community should be considered for Sotrovimab or Paxlovid treatment. Refer to the pharmacy Sotrovimab and Paxlovid order sets.

5.1.5 Once the decision to follow up in community is made, please refer to section 7 below.

*Practice Point

- The strongest risk factor alone is age. An age of 65 or greater accounted for 81% of COVID-19 deaths in the United States.
- Obesity and diabetes with complications and anxiety and fear related disorders had the strongest association with death.

5.2 All clients with a presumptive or confirmed COVID-19 diagnosis that are presenting to the health shall have the severity of their illness categorized using Appendix D: ***Severity of Illness Decision Guide.***

5.2.1 The Regional On-Call Physician will be consulted for all clients meeting the criteria for moderate or greater severity of illness.

5.2.2 The Regional On-Call Physician shall review the client presentation, utilizing Appendix D: ***Severity of Illness Decision Guide*** and medevac all clients with confirmed severe or critical severity of illness.

5.2.2.1 It is recommended to Medivac clients with moderate severity of illness.

5.2.2.2 Considerations for community follow-up for moderate severity of illness would include: vaccination status; risk factors, respiratory status; and treat availability.

5.2.3 Once the decision to medevac is made, please refer to Section 6 below.

6. GUIDELINE FOR MANAGING COVID-19 CLIENTS WHILE AWAITING MEDEVAC

6.1 COMMUNICATIONS:

6.1.1 The Regional On-Call Physician and Health Centre have a shared responsibility to:

6.1.1.1 Establish a regular communication plan for updates and follow-up with the regional on-call physician.

6.1.1.2 Receiving facility to be notified along with pertinent updates that influence admission location (i.e., deterioration which changes the admission from in-patient to ICU)

6.1.2 Changes from client's presenting baseline must be communicated the Regional On-Call Physician and documented.

6.1.3 CPHO on-call and RCDC to be notified of Medevac

6.1.4 Prolonged Medivac delays complicated by weather and/or additional factors should be communicated to the regional director along with establishing regular communication check points. The regional director will assist with shift scheduling and ensuring equal distribution of respite.

6.1 Monitoring:

6.2.1 Full head to toe physical assessment at baseline and to be repeated every 4 hours or more frequently if the patient's condition warrants it.

6.2.2 Focused assessment PRN for changes in status.

6.2.3 Vital signs including SPO2 q15 minutes X 1 hour. Decrease to q 30 minutes **if stable** for 2 hours. Decrease to hourly vital signs if client remains **stable**.

6.2.4 If deviating from normal trends, vital signs frequency must be increased.

6.2.5 Continuous SPO2 monitoring for all clients on oxygen therapy.

6.2.6 For clients whose illness is rated severe/critical:

i. Continuous SPO2 monitoring

ii. Cardiac telemetry monitoring as available in the community.

6.3 Oxygen Therapy:

6.3.1 Sequence of therapy:

i. Use lowest flow rate required to maintain SPO2 of 92 – 94%.

ii. First Line: Nasal prongs up to a maximum of 6 L/min.

iii. If not tolerated or if requiring more than 6 L/min via nasal prongs, initiate non-rebreather mask with flow rate up to 15 L/min.

iv. Oxygen delivery greater than 6L/min via nasal prongs or 15 L/min via non-rebreather is considered to be an **aerosol generating procedure.** Please refer to Policy 10-003-06 ***Aerosol Generating Medical Procedures in Patients with known or suspected COVID-19.***

v. Consult physician when initiating oxygen therapy or if there is an increase in oxygen needs for client.

6.4 Hydration:

6.4.1 Refer to FNIHB guidelines for assessment and treatment of mild to moderate dehydration in adults (Chapter 5) and pediatrics (Chapter 4). Consult physician or NP for severe dehydration.

6.5 Medication Considerations:

6.5.1 Antipyretics if required:

i. Tylenol 650mg PO q4h PRN (Adults). Tylenol 10- 15mg/kg PO q4h PRN (Pediatrics)

ii. Motrin 200/400mg PO q6h PRN (Adults). Motrin 5- 10mg/kg PO q6h PRN (Pediatrics)

6.5.2 Bronchodilators if required:

i. Salbutamol 100 mcg MDI via aero-chamber PRN

ii. Ipratropium 20 mcg MDI via aero-chamber PRN

6.5.3 Dexamethasone 6mg PO/IV in consultation with the physician or NP

6.6 Labs/Diagnostics:

6.6.1 If not yet complete, ID now POCT. Confirmatory PCR for clients being admitted or immunosuppressed.

6.6.2 Labs: CBC & diff, electrolytes, creatinine, glucose, INR, AST, ALT.

6.6.3 In consultation with the NP or Physician, consider EG7+ I- STAT (Na+ K+ Ca+, Hct Hgb TCO2 PH PCO2 SO2 HCO3 Base Excess) and glucose POCT for clients with severity of illness rated as severe/critical.

6.6.4 Baseline ECG

6.6.5 Baseline CXR

7. GUIDELINE FOR MANAGING COVID-19 CLIENTS IN THE COMMUNITY

7.1 **Community Based Monitoring (Outpatient)**

7.1.1 Please reference *Appendix B:* ***Risk Factor Decision Guide*** to establish risk level for client.

7.1.1.1 Although a history of smoking cigarettes (both history and current) is considered a risk factor, for the purpose of this medical directive, it will not be labeled as an isolated risk factor alone.

7.1.2 Regional On-Call Physician must be consulted on all clients requiring any oxygen therapy in the health centre.

7.1.3 Clients are not to be weaned off O2 therapy in the health centre without consultation with the Regional On-Call Physician as these clients should be considered for medevac.

7.1.4 Frequency of follow-up:

i. **Low Risk Clients**: No specific Health Centre follow-up. Education on self-monitoring for progression of illness.

ii. **Medium Risk Clients**: No specific Health Centre follow-up. HCP to consider tailoring follow-up based on accumulation of risk factors and advanced age. Education on self-monitoring for progression of illness.

iii. **High Risk Clients**: Education on self-monitoring for progression of illness. Health Centre telephone follow-up q48hours until symptoms resolving (home SPO2 readings reviewed). Signs and symptoms indicating progression of the severity of illness will prompt a physical assessment at the health centre.

iv. **Special Population Clients**: Education on self-monitoring for progression of illness. Telephone follow-up q24hours until symptoms resolving (home SPO2 readings reviewed). Follow-up completed by the Virtual Public Health Nurse

Program. Signs and symptoms indicating progression of the severity of illness will prompt a physical assessment at the health centre.

7.2 Signs and symptoms to inquire about on phone call follow-ups, see Table 1

Table 1: Signs and symptoms to inquire about on phone call follow-ups	
Adult Screening	**Pediatric Screening**
new or worsening shortness of breath	laboured/faster breathing
worsening cough	worsening cough
wheezes	wheezes
uncontrolled fevers	uncontrolled fevers
unexplained perspiration	activity/lethargy
chest pain	poor fluid intake
lightheaded	decreased frequency of voiding
significant weakness	vomiting/diarrhea
poor oral intake	Assess for new onset symptoms
vomiting/diarrhea	Are symptoms worse, better or unchanged
confusion for elders	
Assess for new onset symptoms	
Are symptoms worse, better or unchanged	

7.3 **Most responsible HCP for follow-up:**

7.3.1 Telephone follow-up: Ideally the PHN; HCN; Licenced Practical Nurse; ACP; PCP should be used. If needed, the CHN; SHP; NP can support telephone follow-ups as well.

7.3.2 Health centre assessment: CHN; ACP; NP.

7.3.3 PCP if no CHN, ACP, NP available or if health centre is in a "closure "state.

7.4 **Home SPO2 Monitoring:**

7.4.1 Home SPO2 Monitoring based on availability of finger pulse oximeters in the health centre.

7.4.2 Eligibility criteria:

i. Clients who are categorized in the "High Risk" or "Special Population" group or clients who are considered higher risk in consultation with the Physician or NP.

ii. Clients who will remain in community for close observation.

iii. Refer to *Appendix B:* ***Risk Factor Decision Guide****.*

7.4.3 All eligible patients will receive:

i. one disposable finger pulse oximetry AND

ii. *Appendix E:* ***Home SPO2 Monitoring – Patient Education Sheet & Log Sheet*****.**

iii. Counselling on use and instructions will be provided. Patient will demonstrate to the nurse the proper technique of obtaining their O2 saturation prior to leaving.

iv. If the client loses or breaks their pulse oximeter, replacements will only be granted under exceptional circumstance.

7.4.4 If there are multiple "High Risk" or "Special Population" clients in one household, only one home SPO2 monitor will be dispensed, and clients are instructed to share.

7.4.5 Clients will be instructed to take their SPO2 readings every eight hours and record the results on the log sheet. Refer to *Appendix E:* ***Home SPO2 Monitoring*** – ***Patient Education Sheet & Log Sheet***

7.4.6 Clients are instructed to call the nurse on call for SPO2 readings less than 94% or a 4% deviation in a client whose baseline saturation typically trends below normal range. Time frame to be assessed is within 4 hours or sooner if required.

7.4.7 All clients with a recorded SPO2 of 92% or less or a 4% deviation in a clients whose baseline saturation typically trends below normal range will require a consultation with the Regional On-Call Physician.

7.4.8 The SHP or delegate are accountable for allocation of the finger pulse oximeters and must be notified each time one is dispensed to the client to ensure the criteria has been met.

7.5 **Client Education:**

7.5.1 All clients are to be educated on self-monitoring for progression of signs and symptoms indicating moderate to severe severity of illness and when to seek medical attention.

i. Increasing shortness of breath or work of breathing
ii. SPO2 reading of less than 94% or 4% deviation in people whose trends fall below normal
iii. Refer to Table 1
iv. Reinforce education on isolation precautions along with appropriate infection control hygiene.

7.6 **Medication Considerations:**

Review inclusion and exclusion criteria for either Paxlovid or Sotrovimab treatment in consultation with a physician or NP. Please refer to the corresponding pharmacy order sets.

8. DOCUMENTATION

8.1 The HCP will follow the SOAP Documentation Guidelines (#06-009-01) and the Documentation Standard policy (#06-008-00).

8.2 All Telephone follow ups require documentation in Meditech following the Documentation Standard Policy (#06-008-00).

8.3 When consulting the Regional On-Call Physician the HCP will follow the community call form documentation process outlined on the Call Record and On-Call Physician Consultation Procedure (#06-018-00).

9. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 06-008-00	Documentation Standard Policy
Policy 06-009-00	Documentation Format
Policy 06-009-01	SOAP Documentation Guidelines
Policy 06-018-00	Call Record and On-Call Physician Consultation Procedure
Policy 07-033-00	COVID-19 Nursing Assessment & Advice Protocol
Policy 07-034-00	COVID-19 Laboratory Testing Authority
Policy 07-037-00	Community Health Centre Protected Code Blue During the COVID-19 Pandemic
Policy 07-040-00	COVID-19 Allied Health Provider Notification of Results
Policy 10-003-06	Aerosol Generating Medical Procedures in Patients with known or suspected COVID-19
Sotrovimab Order Set:	Sotrovimab for Mild, Confirmed COVID-19 in Adults and Adolescents 12 years of age and older weighing 40 kg or greater

Paxlovid Order Set: Nirmatrelvir/ritonavir (Paxlovid™) for Mild-Moderate, Confirmed COVID-19 in Adults 18 years of age and older

Adult COVID-19 Order Set (Version 7)

COVID-19 NU Communicable Disease Manual Protocol Version 8.0

10. REFERENCES:

Coronavirus Disease 2019 (COVID-19) Treatment Guidelines. National Institute of Health. http://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf

COVID-19 signs, symptoms and severity of disease: A clinician guide (December 2021). Public Health Agency of Canada. www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html

Kompaniyets L, Pennington AF, Goodman AB, Rosenblum HG, Belay B, Ko JY, et al. Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021. To learn more, visit the Preventing Chronic Disease article: https://www.cdc.gov/pcd/issues/2021/21_0123.htm

11. APPENDICES

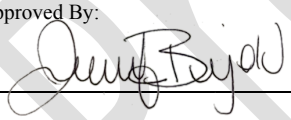
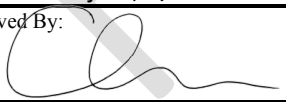
Appendix A: A Comprehensive List of COVID-19 Risk Factors Contributing to Poor Outcomes

Appendix B: Establishing a Plan of Care for presumptive or confirmed COVID-19 Clients: Risk Factor Decision Guide

Appendix C: COVID-19 Death Risk Ratio for Age Groups and Comorbidities

Appendix D: Establishing a Plan of Care for presumptive or confirmed COVID-19 Clients: Severity of Illness Decision Guide

Appendix E: Home SPO2 Monitoring – Patient Education Sheet & Log Sheet

Approved By: 	Date: 2022-02-23
Jennifer Berry, Assistant Deputy Minister, Operations – Department of Health	
Approved By: 	Date: Feb 23, 2022
Jennifer Bujold, a/Chief Nursing Officer	
Approved By: 	Date: Feb 23, 2022
Chelsey Sheffield, a/Territorial Chief of Staff	

APPENDIX A: COMPREHENSIVE LIST OF COVID-19 RISK FACTORS CONTRIBUTING TO POOR OUTCOMES

At Risk Population Groups

- Age over 55 (*elevated risk over the age of 65)
- Pregnancy or recent post partem
- Obesity: BMI > 30
- Although a history of smoking cigarettes (both history and current) is considered a risk factor, for the purpose of this medical directive, it will not be labeled as an isolated risk factor alone.
- Clients not fully vaccinated

Comorbidity Risk Factors

- Heart conditions, specifically: cardiovascular disease, heart failure, cardiomyopathies, hypertension, pulmonary hypertension,
- Chronic lung diseases, specifically: interstitial lung dis, PE, bronchopulmonary dysplasia, bronchiectasis, COPD, asthma (moderate to severe), cystic fibrosis
- Chronic Liver diseases, specifically: cirrhosis, NAFLD, alcoholic liver disease, autoimmune hepatitis
- Chronic Kidney Disease (eGFR < 30)
- Diabetes Type 1 or 2
- On treatment for active/latent tuberculosis
- Neurological conditions, specifically: dementia, stroke, cerebrovascular disease
- Sickle cell disease, thalassemia
- Substance use disorders
- Immunocompromised: Solid organ transplant, cancer, advanced or untreated HIV, primary immunodeficiency, Hematologic malignancy or Bone Marrow Transplant
- Significant immunosuppression: high-dose corticosteroids for more than 2 weeks, alkylating agents, antimetabolites, cancer chemotherapy, TNF blockers, anti-CD20 agents and other immunosuppressive biologic agents
- Intellectual disability, down syndrome
- Cerebral Palsy

Additional Considerations

- Client reliability
- Family Support
- Availability of Transpiration to the Health Centre
- Availability to self-monitor at home with an SPO2 monitor

APPENDIX B: ESTABLISHING A PLAN OF CARE FOR PRESUMPTIVE OR CONFIRMED COVID-19 CLIENTS: RISK FACTOR DECISION GUIDE

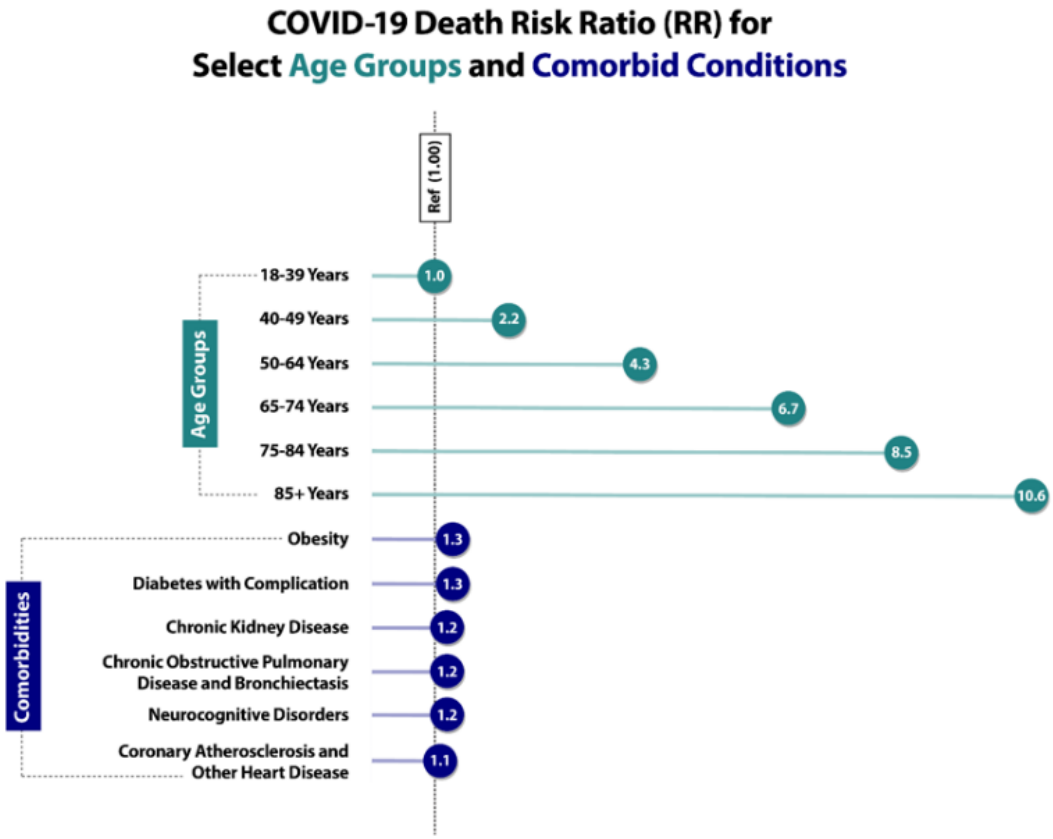
Identifying the Level of Risk in Asymptomatic/Mild Severity of Illness Clients

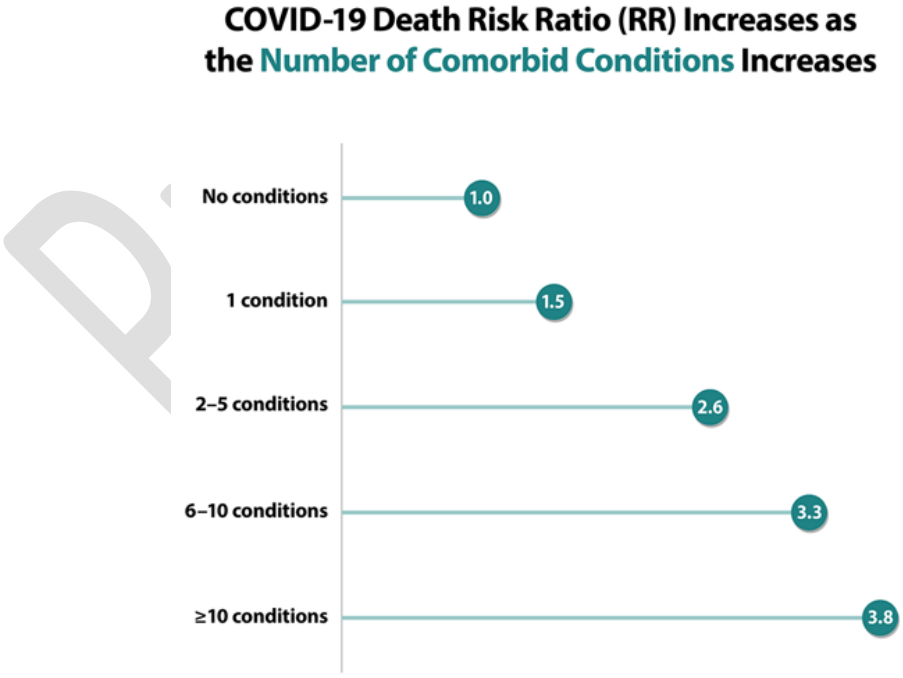
Low Risk Clients Safe - Monitor in Community	Medium Risk Client - Monitor in Community	High Risk Clients *CAUTION	Specialty population considerations *CAUTION
• Clients with no identified risk factors present and who are fully vaccinated or have received their booster. • Clients with no signs of respiratory compromise on examination (SPO2 follows normal trends, RR < than 20 breaths per min at baseline) with no complaints of SOB.	• Clients with one or more of the identified risk factors present who are fully vaccinated or have received their booster **OR** • Clients with no identified risk factors present, but who are NOT fully vaccinated against COVID-19 • Clients with no signs of respiratory compromise on examination (SPO2 follows normal trends, RR < than 20 breaths per min at baseline) with no complaints of SOB.	• Clients with one or more of the identified risk factors who are NOT fully vaccinated against COVID-19 • Clients with no signs of respiratory compromise on examination (SPO2 follows normal trends, RR < than 20 breaths per min at baseline) with no complaints of SOB.	• Clients who are immunocompromised regardless of vaccine status • Clients with no signs of respiratory compromise on examination (SPO2 follows normal trends, RR < than 20 breaths per min at baseline) with no complaints of SOB.

Follow-up and Monitoring Based on the Level of Risk

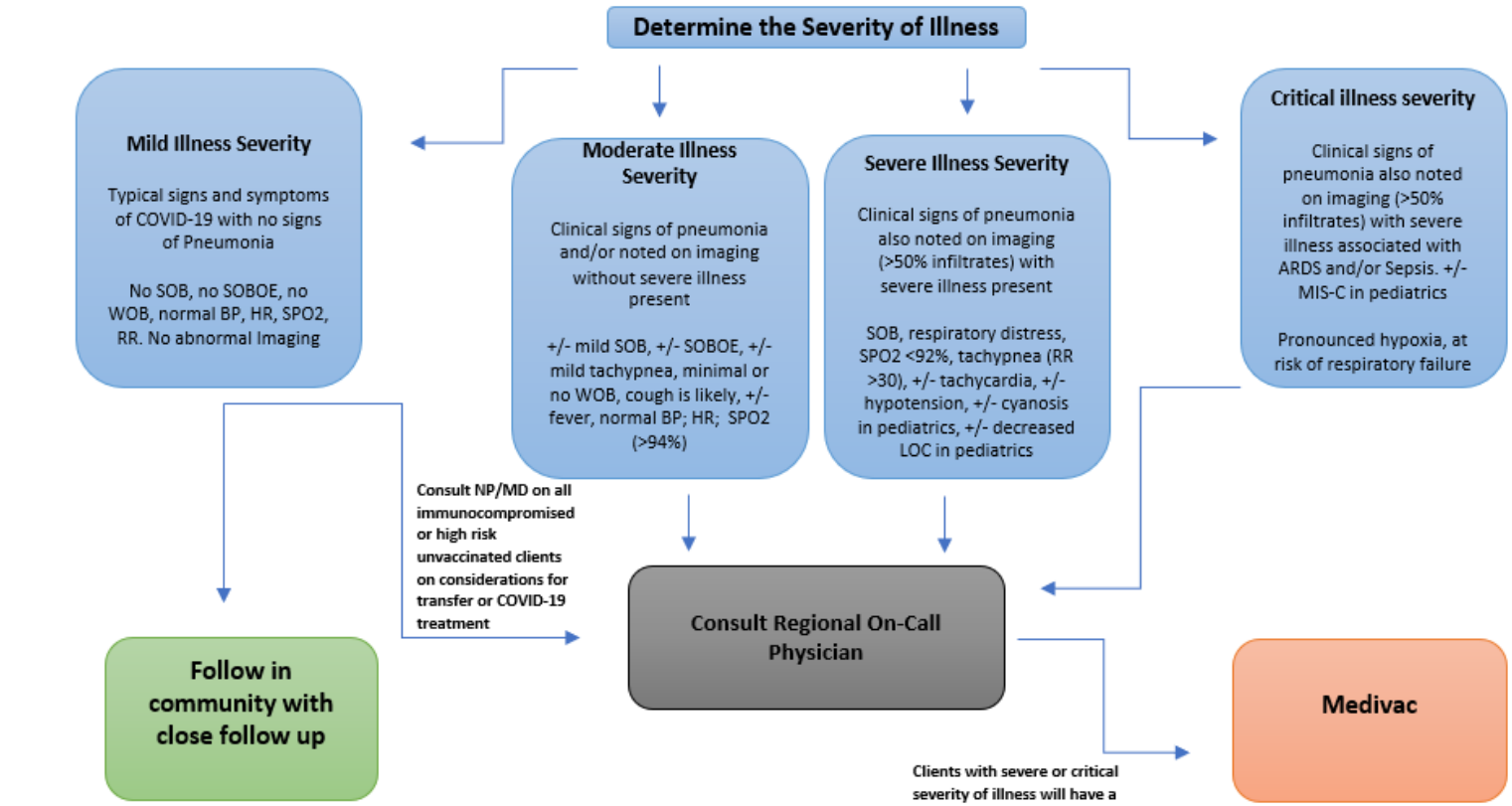
Low Risk Clients Safe - Monitor in Community	Medium Risk Client - Monitor in Community	High Risk Clients *CAUTION	Specialty population considerations *CAUTION
• Clients categorized as low risk can be sent home and followed via telephone check-ins by the Virtual Public Health Nurse Program • Education should be provided on monitoring for progression of illness and to notify the nurse on call for worsening symptoms	• Clients categorized as medium risk can be sent home with closer follow-up from the Health Centre. • HCP to consider tailoring follow-up based on an accumulation of risk factors and advanced age. • Education should be provided on monitoring for progression of illness and to notify the nurse on call for worsening symptoms	• Clients categorized as high risk require a consult with a physician or NP. • Close monitoring in community vs transfer to regional site will be based on Pmhx/risk factors, client reliability, family support, transpiration to health centre • If the client remains in the community, the Health Centre will check-in with the client via telephone follow-up q48hours until symptoms begin resolving. • These clients are suitable for home SPO2 monitoring and advised to take readings q8h and contact the nurse on call with a saturation < 94% on RA and/or 4% lower than their baseline. • Education should be provided on monitoring for progression of illness and to notify the nurse on call for worsening symptoms	• Clients who are immunocompromised regardless of vaccine status require a consult with a physician or NP. • Close monitoring in community vs transfer to regional site will be based on Pmhx/risk factors, client reliability, family support, transpiration to health centre • If the client remains in the community, daily phone call follow-ups are completed until symptoms are resolving. The Virtual Public Health Nurse Program is currently responsible for this. • These clients are suitable for home SPO2 monitoring and advised to take readings q8h and contact the nurse on call with a saturation < 94% on RA and/or 4% lower than their baseline. • Education should be provided on monitoring for progression of illness and to notify the nurse on call for worsening symptoms

APPENDIX C: COVID-19 DEATH RISK RATIO FOR AGE GROUPS AND COMORBIDITIES





APPENDIX D: ESTABLISHING A PLAN OF CARE FOR PRESUMPTIVE OR CONFIRMED COVID-19 CLIENTS: SEVERITY OF ILLNESS DECISION GUIDE



Legend:

- +/-: may or may not be present
- SOB: Shortness of Breath
- WOB: Work of Breathing
- LOC: Level of consciousness
- ARDS: Acute respiratory distress syndrome
- MIS-C: Multi-System Inflammatory Syndrome in Children

APPENDIX E: HOME SPO2 MONITORING – PATIENT EDUCATION SHEET & LOG SHEET

This medical device we are giving you today is called a finger pulse oximeter. It is intended to measure your heart rate and blood oxygen levels. Your medical history may put you at risk of developing worsening COVID-19, therefore we are providing you this device to monitor your oxygen levels at home.

INSTRUCTIONS:

1. Press the button on the main screen to turn on the device
2. Place your finger inside the device (the red light should be placed against your nailbed)
    a. Sit comfortably in a chair
    b. If you are wearing nail polish, this will need to be removed as you will not obtain an accurate reading
    c. Cold fingers will also contribute to inaccurate readings. Please ensure your finger is warm
3. Ensure that there is a visible wave form present on the screen (the nurse will show you this). This indicates that the device can pick up your blood flow
4. Obtain the SPO2 reading and write it down on paper
5. You are instructed to contact the nurse on call if your SPO2 reading is below 94%. However, your nurse might use a different number for your SPO2 based on your medical history.
6. We recommend that you take these readings every 8 hours until the nurse tells you that you can stop
7. Please make sure the finger pulse oximetry is kept safe and not at risk of being broken or lost. Only one device will be provided.

** Please always remember to call the nurse on call if you are experiencing, new or worsening shortness of breath (at rest or with activity), worsening cough, wheezes; uncontrolled fevers, unexplained perspiration, chest pain, lightheaded, significant weakness, poor oral intake, vomiting/diarrhea, confusion for elders. Despite even having a normal SPO2, these worsening symptoms should prompt you to call the nurse on call.

SPO2 Monitoring Log Sheet

Patient's Name: _____

Patient's Date of Birth: _____

Date	**SPO2 Reading**	**SPO2 Reading**	**SPO2 Reading**
*Day #1: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #2: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #3: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #4: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #5: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #6: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #7: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #8: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #9: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #10: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #11: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #12: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #13: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2:
*Day #14: Date:*_____	Time: SPO2:	Time: SPO2:	Time: SPO2: