**HOME BASED ISOLATION AND CARE FOR PATIENTS WITH COVID-19**

**Checklist AND Care Monitoring Tool for home care of persons with COVID-19**

[](https://www.google.com/url?sa=i&url=http%3A%2F%2Femsi.co.ke%2F2020%2F06%2F12%2Fministry-of-health-issues-guidelines-for-home-based-care-for-covid-19-patients%2F&psig=AOvVaw2qq5WOErQ8qU-vIgEteI83&ust=1595674258837000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCPD9tIHc5eoCFQAAAAAdAAAAABAD)

**Environmental conditions checklist (Circle “Y” (yes) of “N (no) for each option).**

**INFRASTRUCTURE**

|  |  |  |
| --- | --- | --- |
| Functioning telephone/mobile phone | Y | N |
| Any other means to rapidly communicate with the health system | Y | N |
| Potable water | Y | N |
| Sewerage system | Y | N |
| Cooking source (and fuel) | Y | N |
| Operable electricity or other source of power | Y | N |
| Adequate environmental ventilation | Y | N |

**ACCESSIBILITY/HALLWAYS/STAIRWELLS**

|  |  |  |
| --- | --- | --- |
| Are the adequate locks on all outside and inside doors | Y | N |
| Are windows and screens easy to open and close | Y | N |

**ACCOMODATION**

|  |  |  |
| --- | --- | --- |
| Separate well ventilated room or bedroom for the patient | Y | N |
| Accessible bathroom for the patient | Y | N |

**RESOURCES**

|  |  |  |
| --- | --- | --- |
| Is food available or arrangements in place to ensure that food is available | Y | N |
| Are necessary medications available or arrangements in place for safe delivery (if any) | Y | N |
| Are surgical masks available (patient) | Y | N |
| Are face masks available (care providers, household contacts) | Y | N |
| Are gloves available for care givers | Y | N |
| Are hand-hygiene supplies available (running water, soap, alcohol-based hand rub) | Y | N |
| Are Household cleaning and disinfection products available | Y | N |

**PRIMARY CARE AND SUPPORT**

|  |  |  |
| --- | --- | --- |
| Is there a designated person to provide care and support | Y | N |
| Is there access to medical advice and care | Y | N |
| Are there any at-risk people at home (e.g. children<2 years if age, elderly > 65 years of age, immunocompromised people) | Y | N |

**MORE ITEMS**

|  |  |  |  |
| --- | --- | --- | --- |
| CATEGORY | Items | Y  N |  |
| Hand hygiene | Sink with running water and soap |  |  |
| Sanitizer |  |  |
| Hands paper towels |  |  |
| Cleaner-Personal Protective Equipment (PPE) | Heavy duty gloves |  |  |
| Protective gown or overall, with hood and boot cover |  |  |
| Goggles/protective face shield |  |  |
| Surgical mask |  |  |
| Respiratory etiquette | Disposable tissue |  |  |
| Clinical care equipment | Pulse oximeter  Thermometer |  |  |
| Disinfection products and supplies | Sodium Hypochlorite |  |  |
| Pre-packaged disinfecting wipe |  |  |
| 3 small buckets |  |  |
| Wiping clothes |  |  |
| Medical waste | Emptying waste baskets. |  |  |
| Biohazard bags |  |  |
| \*\*\*\***Identify a hospital to drop when ¾ full** |  |  |

**Home Based Care Monitoring Tool**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| Tick symptoms and symptoms in the space below every day for 14 days: | | | | | | | | | | | |
| DAY | DATE |  | |  | | | | | | | |
|  |  | SYMPTOMS | | | | | | | | | |
|  |  | Temp °**C or** °F | Oxygen levels | Cough | Difficulty in Breathing | Fever | Headache | General body malaise (Fatigue) | | sneezing | Sore throat |
| Day 0 | Day 0 is the day of your last potential exposure | | | | | | | |  | |  |
| Day 1 |  |  |  |  |  |  |  |  |  | |  |
| Day 2 |  |  |  |  |  |  |  |  |  | |  |
| Day 3 |  |  |  |  |  |  |  |  |  | |  |
| Day 4 |  |  |  |  |  |  |  |  |  | |  |
| Day 5 |  |  |  |  |  |  |  |  |  | |  |
| Day 6 |  |  |  |  |  |  |  |  |  | |  |
| Day 7 |  |  |  |  |  |  |  |  |  | |  |
| Day 8 |  |  |  |  |  |  |  |  |  | |  |
| Day 9 |  |  |  |  |  |  |  |  |  | |  |
| Day 10 |  |  |  |  |  |  |  |  |  | |  |
| Day 11 |  |  |  |  |  |  |  |  |  | |  |
| Day 12 |  |  |  |  |  |  |  |  |  | |  |
| Day 13 |  |  |  |  |  |  |  |  |  | |  |
| Day 14 |  |  |  |  |  |  |  |  |  | |  |

\*\*\* Let your doctor know if your symptoms quickly worsen over a short period of time. severe symptoms like high fever(Temp of 40°C or 104F), SpO2 <90%, severe cough, and shortness of breath.

Also call the doctor right away if you or a loved one with COVID-19 experience any of the following emergency symptoms: trouble breathing, persistent pain or pressure in the chest.

**Reference**

Homebased isolation and care guidelines for patients with COVID-19- <https://www.health.go.ke/wp-content/uploads/2020/06/Home-Based-Isolation.pdf>