Ontario Long Term Care Clinicians

Saturday, May 2, 2020

COVID-19 REPORT

Over two-third of Ontario's long term care homes are not in outbreak. That is, there are no positive test results for a resident of staff in the past two weeks. COVID-19 is present in the community and strict lockdown procedures will continue indefinitely to prevent the entry of the virus in the home. Clinicians are mindful of the possibility of COVID-19 when assessing any resident with an acute change of condition. If there is any suspicion of COVID-19 the resident should be in isolation and assessed with full PPE.

Less than a third of geriatric present with fever. In LTC, atypical presenting symptoms may include delirium, falls, generalized weakness, malaise, functional decline, anorexia, increased sputum production, dizziness, headache, rhinorrhea, chest pain, hemoptysis, diarrhea, nausea/vomiting, abdominal pain, nasal congestion, and anosmia. (COVID-19 Report, Apr 29).

The microbiologic diagnosis is made by a positive reverse transcription polymerase chain reaction (PCR) test for SARS-CoV-2. Assessment of acutely ill residents during COVID-19 may be frustrated by delay in getting the result of the naso-pharyngeal swab. Laboratory tests may help with diagnosis and be a guide for prognosis. White blood cell counts may vary but lymphopenia is common The absolute lymphocyte count may be depressed. Elevations may be found in C-reactive protein, LDH, CPK and ferritin. Less likely to be ordered in LTC are troponin and D-dimer. Both may be also elevated. Chest imaging may show characteristics of COVID-19 lung disease.

The United States National Institute of Allergy and Infectious Diseases announced this week the preliminary results of a multinational, randomized, placebo-controlled trial remdesivir among 1063 patients with confirmed COVID-19 and evidence of lung involvement. On interim analysis, remdesivir resulted in a faster time to recovery, defined as being discharged from the hospital or no longer requiring supplemental oxygen (median 11 versus 15 days with placebo). There was also a trend towards lower mortality that was not statistically significant. Final analysis and peer review of these data are pending. (UpToDate)

Treatment guidelines published in the CMAJ this week referred to several observational studies and controlled trials with COVID-19 but they are limited in sample size and rigour, permitting only weak recommendations. (COVID-19 Report, Apr 29) "We have to break out of this ridiculous cycle of publication of partial information followed by overexuberance and then the necessary but always belated reality checks. Research takes time and we need to let the scientific process play out. Crossing a potential treatment off the list is not failure, it's progress."
No Silver Bullet, Andre Picard, Apr 29

The mainstay of treatment for COVID-19 patients remains fever control, assistance with feeding and hydration, oxygen, and, if indicated, antibiotics for secondary infection. Survival rates vary but may be around 70%. Some homes with massive outbreaks show a higher mortality rate, perhaps due to viral load.

"The canary in the coal mine was a five-star-rated home in Kirkland, Washington, whose staff had the misfortune of being blindsided because they had no forewarning that COVID-19 was in the area when a cluster of febrile respiratory infections hit the facility, leading within two weeks to 23 deaths." Dr. Philip Sloane is editor of Journal of the American Medical Directors Association (JAMDA). Like cruise ships and prisons, LTC is a dense congregate setting that may not lend well to isolation. These settings have relatively large numbers of staff who have extensive contact with the residents. LTC staff work under demanding conditions for modest pay. Nursing home care is far more challenging than the two other settings. The average patient is in their low 80's, has multiple chronic illness and disabilities, needs hand-on care with activities of daily living, and has some degree of cognitive impairment. Medical care providers are off-site most of the time and have competing responsibilities. Decisions are often made over the telephone, with nursing staff assuming far more responsibility than they do in other health care settings. The COVID-19 pandemic is too unprecedented to expect any residential care setting to have been adequately prepared to handle an outbreak. Positive changes going forward include eliminating multi-person rooms, shared bathrooms, and large wards. Staffing problems have existed in long-term care for decades. LTC should be better integrated with acute care, and primary care systems in a manner that is not only seamless but in which acute care settings no longer receive most of the resources.

Sloane PD, Cruise Ships, Nursing Homes and Prisons as COVID-19 Epicenters: A 'Wicked Problem" with Breakthrough Solutions?