Top Tips for Clinicians

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Subject	Older People and COVID-19
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Disclaimer	These are intended only as good practice prompts. Use your clinical judgement.
Top Tip 1	Presentation of COVID (ISARIC WHO Clinical Characterisation Protocol) Older Patients present with less classical symptoms of COVID: Less cough, temperature and breathlessness More Confusion (Delirium), off legs and anorexia
	A significant number of hospital patients will be positive but have no symptoms or just a one –off spike in temperature (Severe/Critical C-19 disproportionally affects the elderly in the context of multi-morbidity)
Top Tip 2	Care Home Testing: need to ring for their own results and need to inform the GP, Digital Health Hub etc. Pillar 1: First presentation of suspected COVID in a care home can access testing: via Local Health Protection Team Tel. 0113 386 0300 (9am-5pm) or Out of Hours Tel. 0114 304 9843 Pillar 2: Whole Home testing: via DHSC Homes Access testing kits, for residents, by registering with DHSC online at Care Home Testing Portal for questions relating to whole home testing contact the Coronavirus Testing Call Centre on 0300 303 2713 Care Home staff - testing via Marley Street testing site
Top Tip 3	COVID 19 Delirium- A significant cause of mortality in System One template>Delirium for COVID-19 Use TIME AND SPACE to reduce modifiable risk factors of Delirium T toilet needs A anxiety/depression S sleep I Infection N nutrition/hydration P pain M Medication D disorientation A alcohol/drugs E electrolytes C constipation E environment
	DO - Re-orientate frequently - Use calming speech, be calm and patient - Involve family and carers BGS: C19-managing-delirium-in-confirmed-and-suspected-cases DON'T - Argue/restrain or confront - Sedate - Catheterise unless essential YHSCN: COVID-19 and DELIRIUM
Top Tip 4	COVID 19 AKI- A significant cause of mortality in COVID 19 - Medication Review Essential. Watch out for the following repeat medications in sick older people with COVID & THINK: STOP / WITHHOLD / AMEND or CONTINUE especially if they are acutely unwell S Sulphonureas A ACE and ARB D Diuretics Great mnemonic to remind you of the worst offenders N NSAIDS
	Consider the 'sick days rules' in patients at risk /with previous AKI and consider setting up the rules with the care home or family so they withhold certain nephrotoxic /renally excreted medication as soon as they become unwell. Think Kidneys: Sick-Day-Rules NG175: C-19 rapid guideline: acute kidney injury in hospital
Information	BGS: coronavirus-and-older-people