

Rehabilitation Services Occupational and Physical Therapy Guidelines for Patients that are being treated for active COVID-19 illness (+ SARS-CoV-2 test)

■ Introduction

Inpatient therapists will have a role in providing exercise, mobilization and rehabilitation interventions to survivors of critical illness associated with COVID-19 in order to enable a functional return home.

■ Goals per CDC guidelines include

1. Reduce patient morbidity and mortality
2. Minimize disease transmission
3. Protect healthcare personnel
4. Preserve healthcare system functioning

■ Equipment

Obtaining this equipment prior to entering the room will help conserve PPE.

- Automated VS machine or continuous pulse oximetry
- Face shield or Goggles
- Mask
- Isolation gown
- Gloves
- Additional O2 tubing
- Roller walker
- Motion sensor alarm
- Gait belt

■ Implementation

1. Complete a thorough chart review.
2. Initiate conversation with RN and or team for any updates or concerns.
3. Complete subjective exam as able via the phone with patient, consider adaptations the patient may need to be successful.

4. If in person assessment is not indicated at this time be sure to document rationale (ex. Increasing desaturations with minimal activity with nursing this date, tenuous respiratory status). If an in-person assessment is indicated, discuss the plan of care with your supervisor or manager **prior** to direct patient contact or donning of PPE per instructions below.
5. A plan of care discussion with your supervisor or manager should take place after you have completed a chart review, subjective phone interview with the patient and plan of care discussion with RN. Topics of discussions include:
 - a. In the current scenario, does it make sense to allow time to pass (hours or a day) before initiating direct patient contact? Could we provide some guidance and assessment on recommendations and discuss with team?
 - b. What has been accomplished with nursing staff so far, barriers to progression, concerns?
 - c. Does the benefit of an in person visit justify the use of the PPE materials being used?
 - d. Alternative options. Collaborative discussion among therapists (even across disciplines) to discuss creative options to address patient needs and provide interventions.
 - e. Additional precautions, resources and equipment that may be indicated to minimize risks or merely needed in room to provide intervention.
6. If the patient is critically ill, they are often intubated and sedated or even paralyzed. Typical physical or occupational therapy interventions are not indicated at this time, but staff may be a resource for nursing and the primary team on patient positioning, including proning. As a patient's medical status improves and sedation decreased, therapies may become more involved in direct care of patient following previous guide for implementation. Prior to any direct patient contact by therapists, nursing staff are also helping promote activity by using progressive mobility levels.

■ Special Considerations

Wait 30 minutes before entering a patient's room after they have received an aerosol respiratory treatment. *Does this depend on the air handling capabilities of room that the patient is in?*

Patients are not permitted to leave their rooms.

The patient should wear a mask if you are working within 3 feet of them.

Prior to entering the patients room discuss with the nurse if the patient will require hyperoxygenation prior to therapy. Hyperoxygenation typically involves an increase in supplemental O2 for a 5-minute time period prior to any activity. Amount of supplemental O2 increase will vary patient to patient, follow provider's instruction for titration to SpO2 goal (example: Titrate O2 to keep SpO2 > or equal to 92%).

O2 saturations should be monitored throughout each therapy session.

■ **Documentation**

- Date patient became symptomatic
- Date of positive test result
- Current supplemental O2 demands
- Subjective information obtained from phone interview
- Current mobility level during hospital stay
- Specific mobility and activities of daily living recommendations made should be documented
- When possible provide post-acute discharge recommendations
- If an in-person evaluation is indicated, then normal documentation procedures should be followed

■ **Patient Teaching**

- Education about our service.
- Discuss with the patient how they can take a physical rehabilitative approach to their care to avoid further deconditioning. Examples include being in your chair for all meals, when appropriate walking to the bathroom instead of using the bedside commode, repositioning yourself in bed frequently and physically participating in all aspects of your care. All activities should be completed under the supervision of nursing staff.
- Provide specific recommendations or activities the patient can complete independently or with nursing supervision.

■ **References**

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