Provincial COVID-19 Primary Care Pathway

*Pathway is being continually reviewed and updated as required

Quick Links: [Expanded details ▶] [Provider resources ▶] [Patient resources ▶] [Provide feedback ▶]

Confirmed or suspected COVID-19 patient. Establish date of symptom onset (Day 0)

[False negative ▶]

Assess for red flags ▶

Rapid deterioration is most common during the second week after symptom onset

High risk based on outpatient antiviral eligibility? ▶ — No →

Focus on self-management with specific advice based on symptoms and patient considerations

[Self-manage RAG Tools ▶]
[Safety net flags ▶]

Advice to patient on when to seek follow up care

Refer to the Viral Respiratory Illness Guidance for Community Providers ▶

↓ Yes

Test patient for COVID-19 using RAT; Molecular testing can be used in critical situations to support further treatment and clinical decisions → [RAT Negative ▶]

Interested in treatment ← **RAT Positive** → Not interested in treatment

Consider monitoring more closely as per risk stratification and monitoring guidance ▶

Within 5 days of symptom onset? — No →

↓ Yes

Any exclusion criteria? ▶ — Yes →

↓ No

Any absolute contraindicated drug interactions with Paxlovid™? — Yes →

Call Outpatient COVID-19 Treatment Program via RAAPID as patient may qualify for other monoclonal antibody/ antiviral treatment

[FAQ ▶]
[RAAPID ▶]

If treated →

Post-infusion follow up as per Outpatient COVID-19 Treatment Program guidelines

↓ No

Any relative contraindicated drug interactions with Paxlovid™? — Yes/ Unsure →

Unsure →

Consult drug interaction checker/management resource (page 3) or Consult Community Pharmacist ▶

↓ No

Prescribe Paxlovid™
For questions, contact the Outpatient COVID-19 Treatment Program via RAAPID (8am-8pm) or community pharmacist

[Paxlovid™ Info ▶]
[Prescription Template ▶]
[FAQ ▶]
[RAAPID ▶]

Is Paxlovid™ the chosen treatment after consultation? — Yes → (to Prescribe) / No → (to Call Outpatient COVID-19 Treatment Program)

Multiday monitoring by prescriber/ pharmacist (for drug interaction management) →

If symptoms persist past 14 days
[Functional assess. tool ▶]

<12 weeks ← → >12 weeks

Continue to monitor; Non-urgent advice available; Do not order PFTs

[More Info ▶]
[Advice options ▶]

Post-COVID resources ▶

[Best Practice Advice for ordering Pulmonary Function Tests (PFTs) ▶]

Alberta Health Services

PrimaryCare Networks

[Alberta's Pathway Hub ▶]   [Background ▶]

[ahs.ca/covidphc ▶]

EXPANDED DETAILS

This pathway is intended to be followed for patients who are confirmed or suspected COVID-19 positive.

Recent changes to this pathway were made due to the following:
1. Pediatric Provincial Primary Care COVID-19 Pathway Discontinued July 2022
2. AHS Paxlovid™ Clinical Resource Guide retired -> replaced with Health Canada guide
3. Updated resource links May 2024
4. AHS Long-COVID Inter-Professional Outpatient Program (IPOP) initiative ended August 2024

Additional Paxlovid™ exclusion criteria

- At this time, it is NOT recommended that Paxlovid™ treatment be extended or repeated should patients have rebound symptoms after completing a course of treatment.

- At this time, Paxlovid™ should NOT be considered a treatment for individuals experiencing symptoms of post- COVID. For more information, see www.ahs.ca/assets/info/ppih/if-ppih-covid-19-paxlovid-faq-hcw.pdf.

False negative rapid antigen test (RAT)

- Evidence suggests that swabbing of both mouth and nose is more effective for detecting COVID-19 when using a RAT. Follow the manufacturer instructions on the RAT kit. For more information, see www.alberta.ca/coronavirus-info-for-albertans.

- RAT can be falsely negative if tested early from symptom onset. People are most likely to be positive 2-4 days from symptom onset but can be positive on the day of symptom onset up to ~10 days. A repeat test can be done 24h from a negative to improve sensitivity.

New medication to prevent COVID-19

Medication to treat and prevent COVID-19 evolves on a continual basis. For more information, see COVID-19 Outpatient Treatment | www.ahs.ca/topics/Page17753.aspx.

Clinical risk stratification

High risk	Average risk	Lower risk
• Patients with any of the safety net flags • Patients with symptom deterioration • Any age with medical comorbidities • Age > 60 years old • Pregnancy • Any age who is immunocompromised • Not fully vaccinated**	• 40-60 years old with no medical comorbidities	• Otherwise healthy • No comorbidities • No safety net flags • Age 1-39 years old with no medical comorbidities

* For example: lung disease, heart disease, hypertension, diabetes, kidney disease, liver disease, dementia, stroke, obesity, cancer. Source: www.canada.ca/en/public-health/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19.html

** Definition of fully vaccinated and partially vaccinated: www.ahs.ca/assets/info/ppih/if-ppih-covid-19-primary-care-guidance.pdf (Page 6)

Monitoring

- Tailor monitoring according to clinical risk stratification and assessment.
- The frequency and duration of follow-up will depend on the risk for severe disease, the severity of symptoms, and the patient's ability to self-report worsening symptoms.
Source: www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults-general-management/

Safety net flags

- Limited/no access to phone/tablet/computer devices for virtual health
- Limited/no access to transportation
- Socially isolated (Lives alone, unable to meaningfully connect with others through technology, little to no social network)
- Lack of caregiver support if needed
- Inability to maintain hydration (Diarrhea, vomiting, cognitive impairment, poor fluid intake)
- Food/financial insecurity
- Receive homecare support
- Challenges with health literacy or ability to understand treatment recommendations or isolation expectations
- Unable to self-manage

Isolation information

- Visit COVID-19 info for Albertans | Alberta.ca for the most up-to-date information on isolation.
- Respiratory hygiene practices (e.g. hand washing, covering your cough, social distancing, wearing a mask, etc.) continue to be strongly encouraged. Visit COVID-19 Prevention & Protection | AHS for more information.

Red flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale mottled skin
- New onset of confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement *may signal development of COVID-19 pneumonia
- Return of fever after afebrile period *may signal development of COVID-19 pneumonia
- Oxygen Saturation
  - Helpful tool to indicate disease severity when available
  - A new reading of < 92% - If previously healthy lungs or previously documented normal O2 sat
  - A new reading of < 90% - If underlying lung disease with documented low normal O2 sat at baseline
  - If patient on home oxygen normally and their O2 requirements increase with COVID-19 illness

Additional red flags for maternity patients

- Orthopnea or paroxysmal nocturnal dyspnea (PND)

- Fever ≥38°C despite use of acetaminophen

- Weakness limiting activities of daily living (ADLs)

- Persistent nausea and vomiting > 12 hours

- Obstetrical complaints such as:

  o Regular uterine contractions

  o Ruptured membranes

  o Vaginal bleeding

  o Decreased fetal movement

- Oxygen Saturation

  o Helpful tool to indicate disease severity when available

  o A reading of <95% is a red flag for all pregnant women

  o If patient on home oxygen normally, and the O2 requirements increase with COVID-19 illness

Red flags: more information

EMERGENT management	
Clinical presentation	• Patient has impaired level of consciousness • Patient has severe respiratory distress (documented hypoxia, breathless at rest, unable to speak in short sentences) • New weakness with inability to ambulate independently
Available support and resources	**Call 9-1-1**

URGENT management <1-hours assessment	
Clinical presentation	• Patient clinically stable (see Emergent Management criteria) • Patient may require hospitalization or transfer
Available support and resources	**Call RAAPID** • RAAPID North (for patients north of Red Deer): 1-800-282-9911 or 780-735-0811 • RAAPID South (for patients in and south of Red Deer): 1-800-661-1700 or 403-944-4486 • Website: ahs.ca/RAAPID

SEMI-URGENT management <24-hour assessment in residence	
Clinical presentation	Patient needs in home assessment
Available support and resources	**Call Community Paramedics Response Team Program** **Patients in and North of Red Deer**: Call 1-833-367-2788 for same day referrals **Patients South of Red Deer**: Call 1-855-491-5868 for same day referrals **Hours:** 6:00 am to 10:00 pm 7 days a week* *The referring physician must be able to consult with the community paramedic when they are with the patient for treatment orders as well as to ensure proper follow up **About:** • Program provides responsive urgent mobile healthcare by facilitating in community assessment, treatment and diagnostics in collaboration with the patient's care providers. • Response time is confirmed upon receipt of referral based upon patient acuity or when service is requested. • Upon receipt of referral a community paramedic will be dispatched to the patients dwelling where they will conduct a comprehensive assessment and develop a customized care plan after consultation with the patient's most responsible healthcare prescriber. • A detailed record of the patient encounter will be sent to the patients' healthcare team. **Where:** • Paramedic teams have locations in each zone, but the program is not available in all areas of the province. • Paramedic teams provide coverage within a 50km distance from their home location. • Locations are listed on the website as well as in Alberta Referral Directory **Referral Form:** • Access the referral form through Alberta Referral Directory (search 'Mobile Integrated Healthcare') **OR** through the website (under "Forms & Information") EMS Mobile Integrated Healthcare – Community Paramedicine	AHS

NON-URGENT daytime advice	
The COVID-19 tele-advice services are currently supported by specialists from respirology, general internal medicine and infectious disease	
Clinical presentation	You are unsure of the best course of management in a deteriorating patient who is clinically stable (see Emergent Management criteria)
Available support and resources	**Contact local resources in your regional centres:** **Contact ConnectMD Tele-advice** **(North, Edmonton & Central Zones)** Visit www.pcnconnectmd.com or call/text: 1-844-633-2263 • Hours: Monday to Thursday, 9 a.m. to 6 p.m. and Fridays, 9a.m. to 4 p.m. (except statutory holidays) *Summer hours: Monday 10a.m - 4p.m; Friday 9a.m - 2p.m; other days same as above • Providers can expect to receive a call-back within two to three hours • Adult and pediatric tele-advice lines **Contact Specialist Link Tele-advice** **(Calgary & South Zones)** Visit www.specialistlink.ca or call: 1-844-962-5465 • Hours: 8 a.m. to 5 p.m. from Monday to Friday (except statutory holidays) • Providers can expect to receive a call-back within one hour

NON-URGENT advice	
Clinical presentation	You have non-urgent COVID-19- related questions and require electronic advice
Available support and resources	**Alberta Netcare eReferral Advice** • Use the eReferral Advice Request option for non-urgent questions requiring advice within 2-5 days. • Go to www.albertanetcare.ca/eReferral.htm for instructions on how to submit an advice request.

Tele-advice source: COVID-19 tele advice for primary care | www.ahs.ca/assets/info/ppih/if-ppih-covid-19-primary-care-tele- advice.pdf

For symptoms persisting longer than 14 days from onset

Many patients experience ongoing symptoms past 14 days, such as residual cough or fatigue. If these patients have clearly improved, these residual symptoms can likely be managed with conservative care and reassurance. Getting Healthy After COVID-19 offers many resources to support patients with self-management as well as options for getting medical support and answers to patient questions.

Dedicated AHS Resources for health professionals are available and include care pathways and toolkits, and a long-COVID Functional Screening Assessment Tool and Symptom Checklist to help providers determine what rehabilitation supports may be required for their patients moving forward.

The following resources can be provided to patients:

- Health Link (dial 8-1-1 available 24/7)
- Rehabilitation Advice Line: 1-833-379-0563 (9 a.m. to 5 p.m. Monday to Friday)
- AHS: Getting Healthy After COVID-19: Resources for Patients
- Helping You Feel Better after COVID-19 Videos and Self-Guided Learning (Videos)
- MyHealth.Alberta.ca: After COVID-19: Information and Resources to Help You Recover

BACKGROUND

About this pathway

- The Primary Care COVID-19 Pathway was originally developed in 2020 as part of the Calgary Zone's Specialist Link initiative. Following the emergence of the COVID-19 pandemic, a team that included specialists from Respirology and Infectious Disease, AHS Primary Health Care, Primary Care Networks and members of the Calgary Zone Specialty Integration Task Group developed this pathway to help support family physicians to care for patients with COVID-19 in the community.
- Based on the successful adoption of the Primary Care COVID-19 Pathway within the Calgary Zone, and adapted versions of this pathway in other zones, in 2021 AHS Primary Health Care led an initiative to validate the applicability of the pathway for Alberta and to foster adoption of the pathway across the province, including adapting the pathway for use in primary care within the context of a post-pandemic environment.
- This pathway includes hyperlinks and is intended to be used as an electronic tool.

Authors and conflict of interest declaration

- Names of participating reviewers and their conflict of interest declarations are available on request.

Pathway review process, timelines

- This primary care pathway was created/updated with up to date knowledge at the time it was created/updated. It will be reviewed on a consistent basis as the knowledge and process base evolves. If you have concerns or feedback, please email AlbertaPathways@ahs.ca.

Copyright information

PROVIDER RESOURCES

COVID-19 Resources	
Therapeutic Management of Adult Patients with COVID-9	www.ahs.ca/assets/info/ppih/if-ppih-covid-19-therapeutic-management-summary.pdf
Greenhalgh Trisha, Koh Gerald Choon Huat, Car Josip. Covid-19: a remote assessment inprimary care *BMJ* 2020; 368:m1182	www.bmj.com/content/bmj/368/bmj.m1182.full.pdf
Information for Primary Care Providers: novel coronavirus (COVID-19)	www.ahs.ca/topics/Page16956.aspx
Specialist LINK COVID-19 Resources	www.specialistlink.ca/covid-19-resources
Scientific Advisory Group	www.ahs.ca/topics/Page17074.aspx
Long COVID-19 FAQ for Providers	www.ahs.ca/assets/info/ppih/if-ppih- covid-19- long-covid-provider-faq.pdf
Alberta Public Health Disease Management Guidelines	
Alberta Public Health Disease Management Guidelines: coronavirus- COVID-19	https://open.alberta.ca/publications/coronavirus-covid-19
Smoking, Vaping and COVID-19	
Smoking cessation: healthcare provider	COVID-19 |Alberta Healthcare Providers (www.albertaquits.ca)
Post-COVID-19 Resources	
Recovery & Rehabilitation After COVID-19: Resources for Health Professionals	www.ahs.ca/topics/Page17540.aspx
Rehabilitation and Allied Health Practice Considerations Post COVID-19	www.ahs.ca/assets/info/ppih/if-ppih-covid-19-rehab-allied- health-practice-considerations-post-covid.pdf
COVID-19 Vaccine Awareness Program (CVAP)	
Physicians who have called patients via telephone or videoconference to address concerns related to COVID-19 Vaccine may claim HSC 03.01CC. Click on link for more information.	Med 248 : COVID-19 Vaccine Awareness Program Update	*https://open.alberta.ca/publications/bulletin-alberta-health- care-insurance-plan-medical-services*
Advanced Care Planning	
Advanced care planning	www.ahs.ca/info/Page9099.aspx

COVID-19 Websites & Self-Management Resources	
Navigating COVID: Symptom Tool	www.albertadoctors.org/COVID-19-info-resources/navigating-COVID-v15.pdf
COVID-19: Information for Albertans (AHS)	www.ahs.ca/topics/Page16944.aspx
COVID-19 info for Albertans (Government of Alberta)	www.alberta.ca/coronavirus-info-for-albertans.aspx
COVID-19: How to Manage Symptoms (MyHealth.Alberta.ca Network)	https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=custom.ab_covid_19_symptom_mgmt_001
COVID-19: Care Instructions (MyHealth.Alberta.ca Network)	https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=custom.ack9673ahs
COVID-19: What you need to know (MyHealth.Alberta.ca Network)	https://myhealth.alberta.ca/Alberta/Pages/COVID-What-you-need-to-know.aspx
Outpatient treatment: Paxlovid™ FAQ for Patients	www.ahs.ca/assets/info/ppih/ if-ppih-covid-19-paxlovid-faq- patient.pdf
COVID-19 Self-Care Guide	www.ahs.ca/covidselfcare
After COVID-19: Information and resources to help you recover	https://myhealth.alberta.ca/HealthTopics/After-COVID
Post-COVID-19 Resources	
Alberta Healthy Living Program: COVID-19 classes for Albertans - *Helping You Feel Better After COVID-19*	These classes are open to **all zones/any Albertan** over the age of 18 and are free of charge: www.youtube.com/playlist?list=PLi1tOF1I5ZoXjPI9QprdrLQRDP4JsEvOv
Getting Healthy After COVID-19	www.ahs.ca/topics/Page17397.aspx

COVID-19 Translated Resources	
How to care for a COVID-19 Patient at Home (available in different languages)	www.ahs.ca/topics/Page17026.aspx
Translated resources: COVID-19 videos, webinars, podcasts available in multiple languages	Alberta International Medical Graduates Association: https://aimga.ca/healthhub/
Mental Health Resources	
Mental Health resource page	www.ahs.ca/topics/Page17311.aspx
Mental Health Helpline	Phone 1-877-303-2642 for 24/7 assistance
Help in Tough Times – resource page	www.ahs.ca/amh/Page16759.aspx
Togetherall Clinically moderated free online peer-to-peer mental health community	https://togetherall.com/en-ca/
Text For Hope Free daily text messaging services	www.ahs.ca/topics/Page17019.aspx
Smoking Cessation Resources	
Smoking cessation	There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19. www.albertaquits.ca/topics/smoking- vaping-covid-19
Advanced Care Planning	
Advanced care planning	Patients should also be counseled on advanced care planning, including: choosing an agent, communicating their values and documenting these in a Personal Directive. www.ConversationsMatter.ca