





This information is intended to provide sources of information about COVID-19 and should not be used as medical advice. Always ask for the help of a qualified medical professional such as a doctor before making medical decisions.

QUESTIONS TO ASK THE DOCTOR IF YOU ARE **CARING FOR SOMEONE WITH COVID-19** AFTER DISCHARGE FROM THE HOSPITAL



If you are asked to take care of someone who has COVID-19 at home after being discharged from the hospital, it is important you know how to do it and protect yourself and others from getting sick. The questions below will help you learn how to do that if you ask the patient's doctor or other healthcare professional such as a physician's assistant or nurse practitioner these questions before taking the patient home.

Space has been provided for you to take notes as you discuss these things with the doctor or other healthcare professional.

Links to important resources to help you are also given and provide information in multiple languages throughout the document. In addition, it is recommended you review information on the Centers for Disease Control's (CDC) COVID-19 websites: If You Are Sick or Caring for Someone¹ and COVID-19:Caring for Someone Sick at Home².

In North Carolina, you have two resources to call if you have general questions or concerns about COVID-19 or if you need assistance:

1. North Carolina Division of Public Health. They have established a call line at 1-866-462-3821 to address general questions about coronavirus from the public. 2. NC-2-1-1. Just dial 211 or 1-888-892-1162 or use their online search tool³. NC 2-1-1 is an information and referral service provided by United Way of North Carolina. Families and individuals can call to obtain free and confidential information on health and human services and resources within their community. 2-1-1 is available 24 hours a day, seven days a week, 365 days a year. Dialing 2-1-1 is free, confidential. and available in most languages. It is available in all 100 NC counties.

The local hospital may also have a call-in help line, so ask about that and if they do, write the number in here:

QUESTIONS TO **ASK THE DOCTOR BEFORE DISCHARGE**

CAN I TAKE CARE OF THIS PERSON AT HOME SAFELY?

A healthcare professional, such as a doctor, nurse practitioner or physician's assistant, can help you decide whether home is the right place for care. Some things to talk about with the healthcare professional are whether:

- The patient is stable enough to be taken care of at home.
- Care givers are available at home. Someone who is high-risk for complications if they get COVID should try to avoid being the care giver if possible. People over 65 years old, young children, pregnant women, people who are immunocompromised (can't fight infection) or who have diabetes or chronic heart, lung, or kidney conditions are examples of people who should not be the care givers.
- There is a separate bedroom where the patient can stay without sharing with other people or pets.

- Money and a way to get food, medicines, and other necessities are available.
- The patient and other household members are able to follow recommended instructions⁴ as part of home care or isolation for someone who has COVID-19.
- There are other household members who may be at higher risk of complications from COVID-19 infection, for example, people over 65 years old, young children, pregnant women, people who are immunocompromised (can't fight infection) or who have diabetes or chronic heart, lung, or kidney conditions.

If the patient will be coming home with you/someone in your household as the care giver, the following questions are important to ask next.

2. CAN THE SICK PERSON SPREAD COVID-19? IF SO, HOW LONG WILL THEY BE ABLE TO SPREAD IT?

The answer to this question will depend on when symptoms started and stopped, what type of symptoms, and results of any tests that may have been done. The patient's doctor or other healthcare professional can answer this question.

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IF THEY CAN STILL SPREAD IT, HOW LONG WILL THEY NEED TO BE ISOLATED?

This depends on when symptoms started and stopped, and test results, if tests are done. As you and the healthcare professional discuss this, it is important to understand the difference between "isolation" and "quarantine":

- The CDC describes quarantine⁵ as actions to keep someone who might have been exposed to COVID-19 away from others. This person is not sick and does not have a positive COVID-19 test. They have been exposed to COVID-19 and need to be monitored. They should stay home to limit contact with others.
- The CDC defines isolation⁶ as actions to separate sick people from healthy people. This is for people who are sick or have tested positive for COVID-19. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific "sick" bedroom or space and using a different bathroom (if possible). Read CDC recommendations for this at **COVID-19**: Caring for Someone Sick at Home⁷.

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WILL I GET THE VIRUS?

It is impossible to know this, but there are some things you can do to prevent getting sick, such as:

- Think about who the best person in your house is to take care of the sick person. Older adults and people who have severe medical conditions like heart or lung disease or diabetes seem to be at higher risk for getting very sick and dying from COVID-19. Are you at higher risk for serious illness?8 So, someone with medical conditions like these should try not to take care of a person who has COVID-19, if possible.
- Read and follow recommendations from the CDC about how to take care of the sick person at COVID-19: Caring for Someone Sick at Home⁹.
- The care giver should take care of themselves to prevent getting rundown. Getting enough rest, eating well, exercising, and keeping in contact with others are just a few ways they can do that. Make sure there is at least one other person that can give the care giver a break when needed, if possible.

5. WHAT MEDICINES WILL THE PATIENT BE ON AT HOME? DO THEY KEEP TAKING THE MEDICINES THEY WERE TAKING BEFORE THEY BECAME SICK WITH COVID-19?

Make sure you have a written list of medicines, what they are for, and how they should be taken from the healthcare professional. Make sure to ask the healthcare professional about whether to continue the medicines that the person was taking before they came to the hospital. Ask the health care professional to write the medicines down – there is a page at the end of this document, Tool A, they can use for this.

WHAT TYPES OF ACTIVITIES SHOULD THE PATIENT DO AT HOME? NOT DO?

This will depend on the patient's condition and how COVID-19 affected him or her. Discuss with the doctor and ask about things such as:

- Can they bath themselves? Take a shower or get in the bathtub?
- Can they feed themselves?
- Dress themselves?

•	Walk around in their room? How about
	walking inside? Outside? Sit out on

porch/deck?

Have visitors?

	What kinds of exercise are best for them?
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7. WILL THE PATIENT GET TESTED LATER TO DETERMINE IF THE VIRUS IS GONE? IF SO, WHEN?

This will depe	end on avai	lability of the	e test in your	area and	current testing	guidelines	at the
time of discha	arge.						

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8. WHERE WILL THE PATIENT GET FOLLOW UP AND WHEN? WILL THEIR REGULAR **DOCTOR KNOW ABOUT ALL OF THIS?**

This is a good time to get an appointment set up with the doctor that will be taking care of the patient once they leave the hospital. Make sure that doctor will be able to access the patient's medical record either through the electronic medical record system or paper copies of the chart. If paper copies are needed, ask they be faxed to the receiving doctor in time for the appointment. Make sure that the patient signs a release of information before leaving the hospital so the hospital can fax/send needed information without a delay. The patient's discharge planner may also know of other resources to help make sure needed information is communicated, such as resources in your community that can help with transitions of care or a healthcare information exchange the information can be loaded into and the doctor gain access.

Keep in mind, too, that a follow up visit may need to be done over the phone or using electronic connections such as FaceTime or Zoom or Skype, etc. Make sure you speak with the doctor's office to find out how the visit is to be done.

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First appointment after leaving th	e hospital is scheduled on (date)
at (time) with Dr	by (clarify
if by a physical office visit or if will	be done electronically and how:
). The phone number for this office is
.	

9. WHAT DO WE NEED TO WATCH FOR AND BE WORRIED ABOUT, IF THEIR **CONDITION CHANGES? WHO DO I CALL?**

See Tool B below. Ask the patient's doctor/healthcare professional to fill this tool out, then put it in a place at home where you can get it quickly if needed, such as on your refrigerator, the patient's bedroom door or other place where it is easily seen. Put important phone numbers in your cell phone, too.

10. CAN THE PATIENT BE AROUND PETS?

- Based on the limited information available at this time, the risk of animals spreading COVID-19 to people is considered to be low.
- It appears that the virus that causes COVID-19 can spread from people to animals in some situations.
- Treat pets as you would other human family members – do not let pets interact with people or animals outside the household. A person inside the household who is sick with COVID-19, should be isolated from everyone else, including pets.
- This is a rapidly evolving situation and information may change. Discuss this with the doctor and follow most up-todate recommendations.
- See the Centers for Disease Control's recommendations at: If You Have Pets¹⁰.
- If the patient has a companion animal, they may be anxious for it to be with them. Follow the CDC's recommendations and if there are any questions, contact the animal's veterinarian for advice. If they can't be with the pet, think about ways the patient can see the pet, maybe through a window of their bedroom or FaceTime, Zoom, etc. Such interaction can boost the patient's spirits and help them recover, even if they can't hold or touch the pet.

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MESSAGE TO CAREGIVER(S)

It is not possible to list all questions you may have in this type of document. So, to help you think about some other questions and topics that need to be discussed, below are several questions for you to ask yourself as you take on the role of caregiver for this patient. Remember, it is OK and expected for you to reach out for help when you need it, so talk to the patient's doctor or your doctor, your family and friends, minister/church family and any other person you need to for help and support.

•	WHAT CONCERNS DO I HAVE ABOUT HELPING THE PATIENT?
	WHAT RESOURCES DO I NEED TO PROVIDE HELP? (FOR EXAMPLE, TRAINING, HOME NURSE VISITS, MEAL DELIVERY, FINANCIAL HELP)
	CAN I PHYSICALLY PERFORM THE TASKS?

4.	HOW WILL I TAKE CARE OF MYSELF AS A CARE PARTNER? (FOR EXAMPLE, JOIN
	A SUPPORT GROUP, HIRE OR ASK SOMEONE TO HELP PROVIDE CARE OR TAKE
	CARE OF OTHER DUTIES SUCH AS GROCERY SHOPPING, MAKE SURE I AM NOT
	IGNORING MY OWN HEALTH NEEDS.)

Adapted from the Agency for Healthcare Research and Quality's <u>Appointment Aide: Preparing for Your Appointment</u>¹¹. <u>AHRQ Transitions of Care</u>¹²



TOOL A: MEDICATION LIST

NAME:	DATE:						
ALLERGIES:							
MEDICINES TO TAKE							
(Remember to include any ove	er-the-counter medicines, vit	camins, or supplements.)					
NAME (BRAND & GENERIC):		HOW MUCH DO I TAKE?					

WHEN DO I TAKE IT?	NOTES
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MEDICINES NOT TO TAKE

(Remember to include any over-the-counter medicines, vitamins, or supplements.)

NAME (BRAND & GENERIC):	WHY DID I TAKE IT?	WHY WAS IT STOPPED?		

Adapted from the Agency for Healthcare Research and Quality's **Appointment Aide: Preparing for** Your Appointment¹¹. AHRQ Transitions of Care¹²



TOOL B: INSTRUCTIONS AND CONTACT INFORMATION FOR EMERGENCIES OR CHANGE IN PATIENT'S CONDITION

When the information below is filled out, place this page on the refrigerator or somewhere anyone in the home can get to quickly.

Adapted from the Agency for Healthcare Research and Quality's **Appointment Aide: Preparing for** Your Appointment¹¹. AHRQ Transitions of Care¹²

I SHOULD	IF THE PATIENT HAS THE FOLLOWING PROBLEM(S):		
Call 911 and tell the operator that the person you are calling about has COVID-19. If, for any reason, emergency transportation is not available and you must take the patient to the nearest emergency room, call ahead to let them know you are coming, and the patient has COVID-19. Emergency room number:	People who have emergency warning signs for COVID-19 should call 911 right away. Emergency warning signs include*: > Trouble breathing or shortness of breath > Pain or pressure in the chest that won't go away > New confusion or can't wake up > Bluish lips or face *This is not every emergency symptom or sign possible. Use your common sense and if you think the patient's life is at risk, call 911. Use CDC's self-checker tool to help you make decisions about seeking appropriate medical care 13.		
Call Dr at Post this number somewhere you can easily get to it in an emergency such as on the refrigerator or program it into your cell phone.	If the patient is not getting better or becomes sicker, but does not have emergency warning signs, call their doctor. For example, if their appetite is not improving or they seem to be getting weaker.		



ENDNOTES

Direct links to resources listed throughout this document.

- bit.ly/Care4COVID 1
- bit.ly/COVIDhomecare 2
- nc211.org/home 3
- bit.ly/Care4COVID 4
- bit.ly/Care4COVID 5
- bit.ly/Care4COVID 6
- bit.ly/COVIDhomecare

- bit.ly/COVIDhighrisk
- bit.ly/COVIDhomecare
- 10 bit.ly/COVIDandPets
- 11 bit.ly/COVIDSymptomsList
- 12 <u>ahrq.gov/topics/transitions-care.html</u>
- 13 bit.ly/COVIDSymptomsList





