

YNHHS Adult Nursing COVID-19 Inpatient Care Consolidation Guidelines for Medically Stable Patients

Scope: Adult inpatients in YNHHS with COVID-19 that have demonstrated medical stability, and remain inpatient for disposition reasons

Background:

- 1) Many patients with COVID-19 are experiencing extended hospitalizations, despite medical stability for discharge due to disposition issues. There is opportunity to minimize nursing and PCA exposures for these medically stable patients awaiting disposition by consolidating nursing care.

Recommendations:

Nurse and medical/surgical team should discuss and identify any inpatient with COVID-19 that is medically stable and remains inpatient purely for disposition reasons. If nursing and medical/surgical team are in agreement, consider the following care consolidation interventions:

- 1) Vital sign monitoring
 - a. If demonstrated stability in vital signs x 72 hours, consider decreasing VS monitoring frequency to q12h or daily, as medically appropriate.
 - b. Consider utilizing daily weights instead of intake/output monitoring, as medically appropriate.
- 2) Blood glucose monitoring
 - a. Utilize guidelines issued by YNHHS Endocrinology to minimize fingerstick glucose monitoring in patients with demonstrated stability. Consider eliminating insulin sliding scales as directed by those guidelines.
- 3) Venous access
 - a. Consider removal of peripheral venous access devices if no longer required for hospitalization or any medication administration.
- 4) Continuous monitoring devices
 - a. Remove telemetry and continuous pulse oximetry devices if no longer medically indicated.
- 5) Medication administration
 - a. Follow pharmacy guidelines for medication consolidation and clustering of care to decrease total number of med passes, as medically appropriate.

Orders in Epic should be updated to reflect any intervention agreed upon. RN and medical/surgical team should evaluate daily if there are any indications to return to more frequent monitoring.