

COMMUNITY PARAMEDICINE

COVID 19 Request for Service Form for Probable or Confirmed Case Completion Guidelines

How to refer a probable COVID 19 case, or a confirmed case

- If the patient has a primary care provider, please fill out the attached request for service form and send directly to us via fax at 613-432-9064.
- If the patient does not have a primary care provider, please refer to VTAC at 1-844-727-6404.

Remote Patient Monitoring

- Remote Patient Monitoring provides Community Paramedics and identified Healthcare Providers with biometric data and alerts when there are changes in their patient's health condition. The reading thresholds identified on the Request for Service form can be tailored by the patient's physician or nurse practitioner. Remote patient monitoring is an excellent resource to closely monitor patients with acute or chronic health conditions.
- As the referring physician or nurse practitioner, you can tailor the reading alert thresholds for the patient based on their clinical condition and medical history.
- Please be specific with the requested frequency for patients to take their vital signs.

When we consult

- If the patient has two consecutive readings outside identified threshold within 6 hours, unless otherwise specified.
- If patient's condition is deteriorating.
- If there is a need to transfer to a designated COVID-19 hospital.

Remote Patient Monitoring Thresholds for COVID-19

- If you do not agree to the predetermined thresholds outlined below, please state what thresholds you would like in section 8 of the Request for Service Completion Guidelines, in the box labelled "Other"

Remote Patient Monitoring Threshold		
COVID-19	SpO ₂	<92%

Risk Stratify Patient

High Risk	Average Risk	Low Risk
Patients with any of the safety net flags		Otherwise healthy adults; asymptomatic adults
Patients with symptom deterioration	Pregnant women	No comorbidities
Any age with medical comorbidities		No safety net flags
Age > 60	40-60 years old with no medical comorbidities	Age 1-39 years old with no medical comorbidities
MONITOR Daily for 14 days	MONITOR Every 2 days x 7 days; then recommend self-monitor for additional 7 days depending on progress	MONITOR Consider self-monitoring only; check-ins determined by individual patient. (Consider at 7 days)

Please note:

- Patients in the low risk category with increasing symptoms move to the high risk/daily monitoring (including pulse oximeter) category. Asymptomatic patients should have their risk category reassessed if they develop symptoms.
- in patients with significant fatigue in the low risk category, consider using pulse oximetry to determine this is not due to hypoxia.
- In patients who required hospitalization, the median time from symptom onset to dyspnea was 5 days.
- In patient who developed ARDS the median time to onset was 3 days after development of dyspnea (around 8 days after symptom onset).

Safety Net Flags:

- Socially isolated (Lives alone, unable to 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