Implementation of a Cognitive Clinical Practice Guideline for Individuals Diagnosed with COVID-19 in Acute Care

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Implementation of a Cognitive Clinical Practice Guideline for Individuals Diagnosed with COVID-19 in Acute Care

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Background

As admission rates of patients diagnosed with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or the coronavirus disease of 2019 (COVID-19) increased, health care providers began noticing secondary symptoms such as confusion and/or delirium in admitted patients (Ambrosino et al., 2020; Baker et al., 2021; Beaud et al., 2020; Filatov et al., 2020). One study reported that more than 20% of patients hospitalized with COVID-19 experienced symptoms such as hallucinations, confusion, and agitation (Baker et al., 2021). Another study stated that 70% of patients who experienced severe COVID-19 symptoms were found to have cognitive changes at time of discharge (Beaud et al., 2020).

As the pandemic continues and patients recover from COVID-19, it is suspected that there will be an increasing need for cognitive intervention/rehabilitation. However, there is currently limited research on the tools that may be utilized at the level of acute care for early identification and intervention. The purpose of this presentation is to summarize the development of a clinical practice guideline for patients with COVID-19 who were identified by the interdisciplinary team as experiencing, or at risk for cognitive deficits during their acute hospital stay.

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Methods

A group of two speech-language pathologists and three occupational therapists were identified by the management and clinical team members of a 700+ bed acute care hospital to be key stakeholders in the development of a COVID-19 rehabilitation pathway. We met on multiple occasions to discuss our experiences in treating patients with COVID-19 and identify possible areas of growth for the rehabilitation team. We agreed that COVID-19 associated cognitive and delirium deficits was a growing concern and the development of a practice guideline would be beneficial for improved consistency of patient care. Therefore, we began discussing possible cognitive and delirium screening tools that may be appropriate to be utilized on both the intensive care and medical surgical units.

After much consideration, three different screening tools were identified as appropriate tools for both SLPs and OTs for our acute care hospital network.

1. **The Orientation Log (Jackson et al., 1998)**
2. **The Confusion Assessment Method for the Intensive Care Unit CAM-ICU (Guenther et al., 2010)**
3. **The Short Blessed test (Katzman et al., 1983; Barbic et al., 2018)**

- The orientation log and the CAM-ICU would be used by both disciplines every session in addition to the clinicians' typical cognitive assessment/ intervention tools for consistent outcome measures.
- The short blessed test would be utilized once during admission by either the SLP or OT
  - Completed if a patient may be progressing towards a possible discharge home
  - Completed if the treating SLP/OT recognized progress at the acute care setting and believed the tool would be appropriate prior to discharged to the next level of care.
- Standardized COVID-19 cognitive documentation phrases were also created for both disciplines when documenting the patients' evaluation and treatment notes.
- Once the protocol was established, the information was presented to the entire rehabilitation department through a web-based PowerPoint presentation with a dedicated question/answer component.
- Compliance tracking also happened periodically by key stakeholders

Discussions

As discussed by LaHue and colleagues (2020), it is vital that patients admitted with COVID-19 have preventative care to limit the chance of developing acute delirium/cognitive changes. If patients begin experiencing cognitive changes, it is important that appropriate rehabilitation referrals are placed and clinicians are prepared to provide adequate intervention and track outcomes. It is also important that acute rehabilitation teams prepare to provide post-COVID cognitive intervention to assist patients with reintegration into the community and prepare them for discharge to the next level of care. Although tools were identified for our network, there are several other tools that clinicians may find appropriate for their caseload/setting. Future work includes establishing cognition clinical practice guidelines for therapists at other levels of care within our network, including inpatient and outpatient rehab, and home health.

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