

Atypical COVID 19 Presentations in Frail Older Adults

Resource prepared by:

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- Older patients, especially those with comorbidities, may present with mild symptoms but have a high risk of deterioration
- In addition to the common symptoms (fever; cough; dyspnea; myalgia/fatigue), consider other less common symptoms (sore throat; conjunctivitis; anorexia; increased sputum production; dizziness; headache; rhinorrhea; chest pain; hemoptysis; diarrhea; nausea/vomiting; abdominal pain; nasal congestion; anosmia)
- COVID should be included in the differential of an older person presenting with delirium or acute functional decline
- Threshold for diagnosing fever should be lower (37.5 degrees C or an increase of >1.5 degrees C from usual temp)
- Check an O2S with pulse oximetry as mild hypoxia (O2S <90%) without respiratory symptoms is not uncommon in COVID
- Consider CXR
- NOTE: Co-infections (e.g., influenza, human metapneumovirus) have been reported

Older Patients Presenting with Delirium – Could this be COVID 19?

Consider COVID 19 as the cause of delirium (i.e. perform a COVID 19 swab and initiate isolation) if any of the following are present:

1. Symptoms are suggestive - even if only mild ILI (Influenza-like-illness) symptoms or low-grade temperature are present
2. History of COVID exposure or exposure to others with ILI symptoms
3. Hypoxia (otherwise unexplained) even if mild (O2S <90%)
4. Rapid clinical deterioration
5. No other clear reason for delirium identified (NOTE: would be very careful to dismiss delirium to UTI in the supportive living/long-term-care population given the high rates of bacterial colonization)
6. CXR (if done) consistent with pneumonia (unilateral or bilateral)