GUIDELINE
ON
HOME MONITORING
AND
MANAGEMENT OF CONFIRMED COVID-19 CASE
AT COVID-19 ASSESSMENT CENTRE
IN
PRIMARY CARE

(Earlier versions known as Guidelines on Home Monitoring and Clinical Protocol at Primary Care for Category 1 and Category 2 (Mild) Confirmed COVID-19 Cases)

FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA
Third Revision – 21 March 2022
# GUIDELINE ON HOME MONITORING AND MANAGEMENT OF CONFIRMED COVID-19 CASE AT CAC IN PRIMARY CARE

**Third Revision, 21 March 2022**

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1. INTRODUCTION

Primary care plays a critical role in the healthcare response to the COVID-19 pandemic. The number of COVID-19 cases continues to increase and overwhelm the healthcare systems. The physical CAC was primarily set up in January 2021 to assess and determine a care plan for COVID-19 patients to be monitored at home. It acts as the gatekeeper for secondary and tertiary care and allows easy and fast referrals either to the Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah (PKRC) or hospitals for further management.

In July 2021 due to the surge in COVID-19 cases, remote consultations through Virtual CAC (VCAC) was established to enable patients consult with the medical staff. Since early February 2022, there was a steady increase in the number of COVID-19 cases, majority of which were Category 1 (Asymptomatic) and Category 2A (Mild symptoms) attending CACs resulting in congestion at these centres. On 6 February 2022, a new directive was issued and patients in Category 1 and Category 2A Mild, but not at high risk should not attend the CAC physically. Nevertheless, these patients will be remotely monitored by the VCAC. VCAC is part of the e-COVID19 system responsible for monitoring patients’ conditions. CAC will now focus on patients with symptoms in Category 2B Moderate and above. With this directive, VCAC should be able to decongest the physical CAC and improve patient’s waiting time. Currently, there are 475 CACs operating throughout Malaysia.

With the latest development, CAC has now two approaches - Virtual and Physical through which patients can be assessed and monitored. This document will provide the mechanism for home monitoring and management of confirmed COVID-19 cases at CAC in primary care. The document has been updated to ensure the policies and procedures remain current and appropriate. It will provide the much needed consistency of operations and ensure a smooth workflow for patient care.

2. OBJECTIVES OF PHYSICAL CAC

2.1 To identify, assess and categorise cases based on the signs and symptoms of the disease and manage accordingly;

2.2 To identify cases and coordinate referral to PKRC or hospital;

2.3 To conduct clinical monitoring for selected high risk patients; and

2.4 To continue monitoring Step-down care patients from PKRC and hospital.
3. ESTABLISHMENT OF CAC

3.1 This centre can be setup at health clinics/ klinik desa/ klinik komuniti/ PKRC or other suitable facilities identified by the district health office (DHO)/ state health department;

3.2 If CAC is located at the health clinic/ klinik desa/ klinik komuniti, then these facilities should ensure that both activities of the CAC and existing health services of the clinic are able to function concurrently;

3.3 Operational hours shall be decided by the DHO (Office hours/ Flexi hours);

3.4 Home monitoring teams can be stationed in any location (e.g. CAC/ DHO) considered suitable by the District Health Officer.

3.5 List of CAC by states is available at https://covid-19.moh.gov.my/hotline

4. ASSESSMENT AT CAC

Any patient who attend CAC must be assessed first and cannot be refused care.

Assessment at CAC for the following:

4.1 Patient whose symptoms are getting worse, Category 2B Moderate and above, can walk-in without an appointment;

4.2 Patient with special condition
   - Pregnant woman irrespective of POA
   - Child below 1 year old with mild symptoms
   - Immunocompromised\(^1\) individual

\(^1\)Includes solid or bone marrow transplant recipients, people with cancer undergoing active chemotherapy, cancers of the blood and bone marrow, HIV infected with low CD4 count and not on suppressive ART therapy, splenectomised individual, on prolonged corticosteroids or other immunosuppressives.

4.3 Any patient instructed through SMS or Robocall to attend CAC;

4.4 Clinical assessment will depend on age, symptoms and comorbidities of patient (Appendix 1a/ 1b). The cases are categorised clinically (Appendix 2a/ 2b) and managed according to the category (Figure 1 and 2);

4.5 If referral is required for patients with ill condition e.g. dehydration, compensated shock, respiratory distress, febrile fit, abnormal conscious level or other unstable medical conditions, they should be immediately sent to the nearest emergency department and does not require discussion with emergency physician or any other physician. For patients who are more stable, need to liaise with the local referral centre for admission;
4.6 Patients who do not fulfil the admission criteria are required to do home isolation. They need to be advised on the SOPs and Self-care (Appendix 3 & 4) and availability of caregiver for certain patients (Section 11);

4.7 Advice patient to update their health status twice daily using the Health Assessment Tool (HAT) in MySejahtera. Those who do not have access to MySejahtera can use Lampiran 1 in Annex 14c (Appendix 5);

4.8 Provide Release Order - Annex 17a (Appendix 6), if required;

4.9 Provide COVID-19 Patient Discharge Note (Appendix 7), if required;

4.10 Provide patient with contact numbers (On Call number/ CAC Hotline/ CAC number or any other number suggested by district health office). They can also call CAC Helpline at 03-77239299 from 8.00am to 9.00pm or the CPRC Hotline at 03-77239300 from 8.00am to 12.00 midnight daily for assistance. Advice to call 999 for ambulance if their condition deteriorates.

5. MANAGEMENT OF CONFIRMED COVID-19 CASE IN PRIMARY CARE

CATEGORY 1:

i. Patient can self monitor at home with advice on Self-care;

ii. Update HAT in MySejahtera twice daily by 12.00noon and 6.00pm or Lampiran 1 in Annex 14c – HSO (Appendix 5); and

iii. Patient who develop mild symptoms (Category 2A Mild) can continue to stay at home. If the symptoms get worse (Category 2B Moderate) such as persistent fever*, exertional dyspnoea, chest pain, unable to tolerate orally, worsening of lethargy and unable to ambulate without assistance, should go to nearest CAC. The health care provider at CAC will assess and manage accordingly (Figure 1 & 2). In case of emergency, patient can go directly to the nearest hospital or call 999 for ambulance.

CATEGORY 2A Mild:

i. Patient can continue to self monitor at home with advice on Self-care;

ii. If the symptoms worsen/ having warning signs (Category 2B Moderate) - persistent fever*, exertional dyspnoea, chest pain, unable to tolerate orally, worsening of lethargy and unable to ambulate without assistance should go to nearest CAC for further assessment (Figure 1 & 2). In case of emergency, patient can go directly to the nearest hospital or call 999 for ambulance.

* For children, persistent fever is defined as temperature above 38°C for 3 continuous days.
iii. For children, encourage to take orally and prescribe symptomatic treatment, e.g. fever can be reduced with use of acetaminophen (paracetamol) 15mg/kg/dose 6 hourly or as needed (maximum dose of 75mg/kg/day or 4g/day) orally. Do not prescribe antitussive drugs for children less than two years old.

**CATEGORY 2B Moderate, CATEGORY 3, CATEGORY 4 and CATEGORY 5:**

i. Patient in these categories will be admitted to the PKRC or hospital (Figure 1 & 2).

**FIGURE 1: FLOW CHART TO TRIAGE CONFIRMED COVID-19 CASE IN PRIMARY CARE**
FIGURE 2: FLOW CHART FOR HOME MONITORING CONFIRMED PAEDIATRIC COVID-19 CASE

Refer Annex 2e for significant paediatric comorbidities

Important
1. For children, need to know the suitability of each PKRC in managing a child with COVID-19 infection.
2. COVID-19 positive children who require medical intervention e.g. Intravenous drip or supplemental oxygen, need to be admitted to the hospital.

6. ANTIVIRAL TREATMENT
Refer to Annex 2e: Clinical Management of Confirmed COVID-19 Case in Adult and Paediatric, Ministry of Health Malaysia
7. **CAC HOME MONITORING TEAM**

Patients who have been assessed at the CAC and advised for home isolation must be monitored by a team (Figure 3). They include:

i. Patients with comorbidities;

ii. Antenatal and postnatal cases;

iii. Patients who require anti viral treatment

iv. Following a request from the Outbound Caller (Virtual CAC)/ other requestors;

v. Arrange for home visit if necessary (e.g. patient is uncontactable);

Monitoring can be done by teams at the CAC, PKD, KK or as determined by the District Health Officer. The frequency of home monitoring will depend on the clinical condition of the patient. The patient can be monitored through telephone call/ virtual clinic/ other suitable method. The Adult/ Paediatric Home Assessment Tool for Health Care Provider (Appendix 8a/ 8b) can be used as a guide.

**Figure 3: Flow chart for daily monitoring at home**

1. **Patient on Home Isolation**

2. **Develop symptoms**
   - Yes
   - **Severity of symptoms**
     - Mild
     - **Mild symptoms**
     - **PKRC/ Hospital**
     - **Moderate**
     - **Assessment at CAC**
     - **Moderate/ severe symptoms**
   - No
   - **Continue Home Monitoring**
8. **HOME MONITORING OF COVID-19 PREGNANT MOTHER**


All pregnant mothers with COVID-19 should be risk stratified at the physical CAC to identify the most appropriate monitoring facility (Figure 4).

Entry point for home isolation through:

i. Direct recruitment – Category 1 & 2a Mild and fulfilling the criteria, directly from CAC or PAC (walk-in patient/ incidental COVID-19 patient).

ii. Step-down care – Early discharge of admitted COVID-19 patient, category 2b/ category 3 patient who has improved clinically, stable for 24 hours with optimised comorbidities and fulfilling criteria.

### 8.1 Direct recruitment for home isolation

The criteria are:

i.  Category 1 or Category 2A (Mild);

ii.  Vaccinated (fully or partial) *(new Feb 2022)*;

iii.  Stable medical & obstetric comorbidities (e.g. pre-existing diabetes mellitus, chronic hypertension, etc. *Note: this list is NON-EXHAUSTIVE) *(new Feb 2022)*;

iv.  BMI < 35 kg/m² at booking;

v.  No obstetrics complaints (e.g. hyperemesis gravidarum /per vaginal bleeding / reduced fetal movements);

vi.  Does not require thromboprophylaxis. COVID-19 infection is a transient risk factor and VTE assessment must be performed (Refer Appendix 2, Annex 23a);

vii.  Absence of WARNING SIGNS;

viii. Adequate understanding and adherence to protocol;

ix.  Able to contact nearest healthcare facility and easily accessible in emergency situation; and

x.  Must be contactable at all times.

### 8.2 Step-down care - early Discharge of suitable patients for home isolation

Patients may also be discharged early for home isolation from the ward after stabilisation. Hospital will make the arrangement to ensure these patients who require thromboprophylaxis are able to continue it at home.
Patients will be given advice on:

i. Compliance to home assessment tool (Appendix 9)
ii. Basic infection prevention control measures such as hygiene and cough etiquette
iii. Continuation of prenatal vitamins
iv. Self-monitoring: symptoms/ temperature/ oxygen saturation/ pulse rate
v. Importance of identifying warning signs
vi. To contact nearest health care facility/ to the nearest hospital/ call 999 if urgent medical/ obstetric issues

Emergency care during home isolation
Patient should be referred to the nearest hospital for further management. Patient can reach the hospital using their own transport or call 999 for ambulance.

Home monitoring using Home Assessment Tool
Local hospital and PKD must have an agreement on the mode of monitoring the pregnant mother before home isolation is allowed. There should be proper passing over of patient from the hospital to the PKD to ensure continuity of care. The Home Monitoring Team (Section 7) is important at the local setting for safe and appropriate monitoring of pregnant and postpartum mothers with COVID-19.
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- THIRD REVISION, 21 MARCH 2022

Figure 4: Flowchart for home monitoring of COVID-19 pregnant mother

9. HOME MONITORING FOR COVID-19 NEONATES
10. **VIRTUAL CAC**

Patients in Category 1 and Category 2 Mild under home isolation will be monitored through Virtual CAC. Data from MySejahtera through eCOVID is filtered twice daily and categorised according to the clinical conditions. Top priority is given for patients with warning signs especially shortness of breath and increasing lethargy. The Outbound Callers of VCAC will contact all the patients in this group and virtually assess their condition, provide the appropriate advice and facilitate to secure an ambulance, if required. Robocalls (Automated Voice Call) and SMS will be sent to the patients with other warning signs advising them to attend the CAC. Reminders are sent through SMS and Robocalls to those who do not submit the HAT in MySejahtera (Figure 5). Presently, more than 500,000 patients are monitored through VCAC.

Patients who need assistance can call the CAC Helpline at 03-77239299 which operates from 8.00am - 9.00pm daily. When the caller requires additional medical information, the calls are escalated to the Inbound Callers of the Central Triage Team, which is managed by medical staff.

**Figure 5: Virtual CAC Workflow**

**VIRTUAL CAC WORKFLOW:**
11. **NOTIFICATION OF TEST RESULT**

Patient can receive their test result through multiple sources:

i. MySejahtera;

ii. Requestor (Private Practitioner/ Hospital/ Health Facility);

iii. District Health Office; or

iv. Self-test

12. **SUITABLE CAREGIVER**

Parents/ caregiver might be required for certain COVID-19 patient who requires assistance and need to be monitored at home. Ideally, a caregiver should be healthy, non-infected and vaccinated. They must observe strict hygiene practices to avoid becoming infected. They should be able to:

i. Help patient respond to the Health Assessment Tool in MySejahtera twice daily;

ii. Provide medication, if required;

iii. Call CAC for consultation or 999 if patient’s condition deteriorates;

iv. Follow instructions for Self-care;

v. Ensure patient have meals, stay hydrated and have sufficient rest; and

vi. Clean and disinfect areas frequently used or touched by the patient e.g. door knobs, bathroom.

13. **HOME CONDITION**

The following conditions are crucial to ensure safe home monitoring:

i. Have access to telephone and contactable all the time;

ii. Able to adhere to home isolation (refer Appendix 3 & 4);

iii. Personal transport available to bring patient from their home to the clinic/ hospital (avoid using public transport); and

vi. Visitors should not be allowed in the home.

14. **ADHERENCE TO STANDARD OPERATING PROCEDURES**

During home isolation patient should:

i. Stay home, maintain physical distance with other household members, limit movements in the house and avoid visitors;

ii. Comply with basic preventive measures e.g. wear face mask, regular hand washing, and practice cough etiquettes;

iii. Report health status daily through MySejahtera/ attend phone calls from health care provider; and
iv. Separate eating utensils, tableware (fork, knife, plate etc.) and towels for their personal use.

15. **STEP-DOWN CARE TO CONTINUE HOME MONITORING**

Stable patients from PKRC/ hospital may be considered for Step-down care to their homes within the isolation period, provided the following criteria are met:

i. Patient must have access to MySejahtera (main user or dependent) and able to self-report health status twice daily (before 12pm and 6pm)

ii. Suitable caregiver for the patient if required (Section 12);

iii. Suitable home condition (Section 13);

iv. Able to adhere to Standard Operating Procedure (SOP) (Section 14);

v. Personal transport available to bring patient from their home to the clinic/hospital (avoid using public transport); and

vi. Patient must be contactable at all times;

Prior to discharge, PKRC/ hospital has to:

i. Ensure patient is deemed clinically fit;

ii. Provide a written care plan and discharge note for the patient;

iii. Pass over the case to the liaison officer at the district health office (DHO according to the patient’s residence);

iv. Remind patient to adhere to SOP;

v. Inform patient to monitor health status and update HAT in MySejahtera daily;

vi. Advice patient if they develop warning signs (Appendix 1a/ 1b), SpO2 <95% or symptoms worsen, to go to the Emergency Department of the nearest hospital or call 999.

vii. In addition for neonates:

a. Neonates with comorbidities, an appointment for follow-up should be arranged at the nearest CAC and adequate supply of medications should be ensured until the next appointment.

b. The parents/ caregiver should be provided with the hospital contact number.

Patient can be referred to the nearest health clinic if they require further care after the home isolation period.
16. PULSE OXIMETER FOR PATIENTS

Patients in home isolation need to be monitored on their health condition so that early warning signs can be identified for intervention. One of the warning signs is hypoxaemia, the reduction in oxygen saturation level in the red blood cells. A pulse oximeter measures the oxygen saturation of haemoglobin in the arterial blood (SpO2). The pulse oximeter is used for:

i. Detection of “Silent hypoxia”, in the absence of shortness of breath and accompanying danger signs;

ii. Monitoring and early identification of deterioration of clinical condition; and

iii. Confirmation of oxygen saturation levels.

Pulse oximeter can be loaned to patients depending on the availability of the device and clinical judgement of the treating doctor. Patient will be required to check their oxygen saturation at home and record the findings. They should be advised to go to the nearest emergency department in the hospital if their SpO2 is below 95% or if symptoms are worsening. At the end of the home isolation period, the patient must return the pulse oximeter to the CAC/ health facility.

17. ROLE OF DISTRICT HEALTH OFFICE (DHO)

i. Compile the list of patients for Step-down care from PKRC/ hospital and forward to the respective CAC;

ii. Receive and compile the list of patients on home monitoring from the CACs;

iii. Establish CAC Home Monitoring Teams to monitor patients on home isolation (Patients may also be monitored by the individual CAC) using A-COHAT and P-COHAT questionnaire (Appendix 10a/ 10b);

iv. Manage the Hotline; and

v. Submit returns to State CPRC.

18. COMPLETION OF HOME MONITORING

Patient can be discharged from home monitoring after completion of isolation period. (Please refer to latest guideline).

19. TRANSPORTATION

i. Patient who require admission or attending the CAC can use their own transport. The use of public transport is not encouraged;

ii. If the patient is using their own transport, the following infection and prevention measures must be practiced in the vehicle:
a. Only one caregiver (excluding driver) is allowed to accompany the patient;
b. All occupants in the vehicle must wear mask;
c. Patient should sit behind;
d. Open the windows of the vehicle;
e. Practice hand hygiene; and
f. Disinfect the car (car seat, door and handle) with appropriate disinfectant after use.

20. INFECTION PREVENTION AND CONTROL IN CAC
Standard precautions must be followed to prevent spread of infection in the CAC (Appendix 10).

21. EQUIPMENT FOR CAC
The list of equipment required in the CAC as in Appendix 12. The equipment and consumables must be functional and restocked.

22. RETURNS
Data collected from CAC will be sent to the DHO, state health department, Family Health Development Division, MOH as well as State and National CPRC (Appendix 13).

23. COORDINATION MEETINGS
It is evident that coordination problems in referring patients exist in many CACs and hospitals. State Health Departments/ District Health Office must have regular discussions with the PKRC/ hospitals of the respective or neighbouring states. The engagements will provide updated information about work practices and referral/ discharge criteria in the CACs and hospitals. These meetings will help in the coordination of care for patients between primary and secondary care.

24. REFERENCES
i. COVID-19 Management Guidelines in Malaysia 05/2020, Ministry of Health Malaysia.
ii. Remote COVID-19 Assessment in Primary Care (RECAP), University Malaya Medical Centre.
iii. COVID-19 Secondary Assessment Clerking Sheet JKN Perak For CAC Home Monitoring Team Use.


This guideline was jointly prepared by:
1. Family Health Development Division, MOH
2. Disease Control Division, MOH
3. Medical Development Division, MOH
4. Family Medicine Specialists, MOH
5. Infectious Diseases Physicians, MOH
6. Paediatric Infectious Diseases Specialists, MOH
7. Obstetricians & Gynaecologists, MOH
APPENDIX 1a

CLERKING SHEET FOR CONFIRMED COVID-19 CASE (ADULT)

I. Personal details
1. Name:
2. Age:
3. Gender:
4. IC / Passport number:
5. Nationality:
6. Phone Number:
7. Address:

II. History
1. Date of symptoms onset:
2. Date of COVID-19 swab result:
3. Co-morbidity:
4. Vaccination status:

III. Clinical

<table>
<thead>
<tr>
<th>Category 2A</th>
<th>Category 2B Moderate</th>
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<tbody>
<tr>
<td><strong>Sore throat</strong></td>
<td>Persistent fever (2 days or more)</td>
</tr>
<tr>
<td><strong>Running nose</strong></td>
<td>Shortness of breath</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>Angina chest pain</td>
</tr>
<tr>
<td><strong>Loss of taste</strong></td>
<td>Unable to tolerate orally</td>
</tr>
<tr>
<td><strong>Loss of smell</strong></td>
<td>Worsening of lethargy</td>
</tr>
<tr>
<td><strong>Diarrhoea &lt; 2x/24hrs</strong></td>
<td>Unable to ambulate without assistance</td>
</tr>
<tr>
<td><strong>Nausea or vomiting</strong></td>
<td>Worsening or persistent symptoms</td>
</tr>
<tr>
<td><strong>Myalgia</strong></td>
<td>Reduced level of consciousness</td>
</tr>
<tr>
<td><strong>Others symptoms</strong></td>
<td>Reduced urine output in last 24 hours</td>
</tr>
<tr>
<td>Please specify</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

Physical examination
1. General appearance: looks well/ unwell/ lethargy
2. Hydration status:
3. Vital signs
   i. Temperature:
   ii. BP:
   iii. PR:
   iv. RR:
   v. SPO2:
4. Lungs:
5. Height:
6. Weight:
7. BMI:
Mental Health Assessment  
(if yes to any, refer to Mental Health Psychosocial Support Team)  
1. Persistent sadness/ low mood: Yes/ No  
2. Easily anxious: Yes/ No  
3. Easily irritated/ angry: Yes/ No  
4. Feeling hopeless/ having self-harm thoughts Yes/ No

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Stage: (Cat 1, Cat 2 Mild, Cat 2 Moderate, Cat 3, Cat 4, Cat 5)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:
CLERKING SHEET FOR CONFIRMED COVID-19 CASE (PAEDIATRIC)

I. Personal details
1. Name:
2. Age:
3. Gender:
4. IC / Passport number:
5. Nationality:
6. Phone Number:
7. Address:

II. History
1. Date of symptoms onset:
2. Date of COVID-19 swab result:
3. Any other illness:
4. Vaccination status:

III. Clinical

<table>
<thead>
<tr>
<th>Category 2A</th>
<th>Category 2B Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Persistent fever more than 3 days, new onset fever after initial resolution and temp. &gt;38°C</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Running nose</td>
<td>Inactive on handling/ Lethargy</td>
</tr>
<tr>
<td>Cough</td>
<td>Poor feeding</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Chest or abdominal pain</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Cold or clammy peripheries</td>
</tr>
<tr>
<td>Others.</td>
<td>Signs of dehydration</td>
</tr>
<tr>
<td>Please specify ---------------</td>
<td>Change of mental status</td>
</tr>
<tr>
<td></td>
<td>Seizures</td>
</tr>
<tr>
<td></td>
<td>URTI symptoms more than 5 days</td>
</tr>
<tr>
<td></td>
<td>Worsening or persistent symptoms</td>
</tr>
<tr>
<td></td>
<td>e.g. cough, vomiting and diarrhoea</td>
</tr>
</tbody>
</table>

Physical examination
1. General appearance: looks well/ unwell/ lethargy
2. Hydrational status:
3. Vital signs
   i. Temperature:
   ii. BP:
   iii. PR:
   iv. RR:
   v. SpO2:
4. Lungs:
Mental Health Assessment - (if yes to any, refer to Mental Health Psychosocial Support Team)

For ages below 8
1. Looks sad/ unhappy: Yes/ No
2. Easily irritated/ angry: Yes/ No

For ages 8-17
1. Feel nervous/ restless: Yes/ No
2. Feel sad/ worthless: Yes/ No

IV. Home condition: Suitable/ Unsuitable

V. Caregiver: Suitable/ Unsuitable

VI. Clinical Stage: (Cat 1, Cat 2 Mild, Cat 2 Moderate, Cat 3, Cat 4, Cat 5)

VII. Impression:

VIII. Management:

Signature & Name:

Date & Time:
CLINICAL STAGING FOR COVID-19 CASE IN ADULT

Confirmed COVID-19 patient in Malaysia is classified and managed according to the category in Table 1 (Refer Annex 2e: Clinical Management of Confirmed COVID-19 Case in Adult and Paediatric, Ministry of Health Malaysia)

Table 1: Clinical Staging of Syndrome Associated with Covid-19

<table>
<thead>
<tr>
<th>CLINICAL STAGE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asymptomatic</td>
</tr>
<tr>
<td>2</td>
<td>Symptomatic, no pneumonia</td>
</tr>
<tr>
<td>3</td>
<td>Symptomatic, with pneumonia</td>
</tr>
<tr>
<td>4</td>
<td>Symptomatic, pneumonia requiring supplemental oxygen</td>
</tr>
<tr>
<td>5</td>
<td>Critically ill with multiorgan involvement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY 2 MILD</th>
<th>CATEGORY 2 MODERATE Patient with warning signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sore throat or running nose with no fever or shortness of breath</td>
<td>Fever more than 2 days</td>
</tr>
<tr>
<td>2. Cough with no fever or shortness of breath</td>
<td>SPO2 less than 95% (at rest or after exertion)</td>
</tr>
<tr>
<td>3. Loss of taste but tolerating orally</td>
<td>Angina- chest pain</td>
</tr>
<tr>
<td>4. Loss of smell</td>
<td>Dehydration</td>
</tr>
<tr>
<td>5. Diarrhoea two times or less within 24 hours with normal urine output</td>
<td>Unable to ambulate without assistance</td>
</tr>
<tr>
<td>6. Nausea and vomiting with normal urine output</td>
<td>Reduced level of consciousness</td>
</tr>
<tr>
<td>7. Mild lethargy but still able to carry out daily activities</td>
<td>Reduced urine output in the last 24 hours</td>
</tr>
<tr>
<td>8. Myalgia but still able to carry out daily activities</td>
<td></td>
</tr>
</tbody>
</table>

COVID-19 WARNING SIGNS FOR ADULTS TO BE CONSIDERED FOR ADMISSION

1. Fever more than 2 days.
2. SPO2 less than 95% (at rest or after exertion).
3. Angina chest pain.
4. Dehydration / not passing urine for more than 8 hours.
5. Unable to ambulate without assistance.
6. Reduced level of consciousness.
APPENDIX 2b

CLINICAL STAGING FOR COVID-19 CASE IN PAEDIATRIC

Refer Annex 2e: Clinical Management of Confirmed COVID-19 Case in Adult and Paediatric, Ministry of Health Malaysia

Table 2: Clinical Staging of Syndrome associated with COVID-19

<table>
<thead>
<tr>
<th>CLINICAL STAGE</th>
<th>DESCRIPTION</th>
<th>SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Asymptomatic</td>
<td>Only RT-PCR is positive</td>
</tr>
<tr>
<td>Category 2</td>
<td>Symptomatic, no pneumonia</td>
<td>Upper respiratory tract (URT) symptoms (e.g. pharyngeal congestion, sore throat, cough or fever) for a period less than 5 days</td>
</tr>
<tr>
<td>Category 3</td>
<td>Symptomatic, with pneumonia</td>
<td>URT symptoms with others like vomiting, diarrhoea, abdominal pain, myalgia, loss of smell/ taste. Signs of increase work of breathing and increase respiratory rate, but no hypoxemia</td>
</tr>
<tr>
<td>Category 4</td>
<td>Symptomatic, pneumonia requiring supplemental oxygen</td>
<td>Tachypnoea* with hypoxemia (SpO2&lt;94% on room air)</td>
</tr>
</tbody>
</table>

* Tachypnoea is defined as:
  RR \geq 60 per minute for infants < 2 months of age
  RR \geq 50 per minute for infants 2-11 months
  RR \geq 40 per minute for children \geq 1 year of age

Rapid disease progression with:
- Respiratory failure requiring mechanical ventilation (acute respiratory distress syndrome - ARDS),
- Persistent hypoxemia
- Septic shock
- Organ failure requiring invasive monitoring and mechanical ventilation (myocardial injury/ heart failure; liver injury/ coagulation dysfunction; kidney injury)
<table>
<thead>
<tr>
<th>Category 2A Mild</th>
<th>Category 2B Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Persistent fever 3 days and more</td>
</tr>
<tr>
<td>Sore throat or running nose with no difficulty in breathing less than 5 days</td>
<td>Respiratory distress/ abnormal or difficulty in breathing</td>
</tr>
<tr>
<td>Cough with no difficulty in breathing less than 5 days</td>
<td>Lethargic/ reduced level of consciousness</td>
</tr>
<tr>
<td>Diarrhoea and vomiting with no signs of dehydration</td>
<td>Poor oral intake with vomiting or diarrhoea</td>
</tr>
<tr>
<td>Still active on handling and feeding well despite above symptoms</td>
<td>Chest pain</td>
</tr>
<tr>
<td>SPO2 &lt; 95% on room air</td>
<td></td>
</tr>
<tr>
<td>Dehydration/ not passing urine &gt; 8 hours</td>
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</tr>
<tr>
<td>Seizures (febrile or not)</td>
<td></td>
</tr>
<tr>
<td>Persistent or worsening symptoms of cough/ vomiting/ diarrhoea</td>
<td></td>
</tr>
</tbody>
</table>

**COVID-19 WARNING SIGNS FOR PAEDIATRIC TO BE CONSIDERED FOR ADMISSION**

1. Persistent fever 3 days and more
2. Respiratory distress/abnormal or difficulty in breathing
3. Lethargic/ reduced level of consciousness
4. Poor oral intake with vomiting or diarrhoea
5. Chest pain
6. SPO2 < 95% on room air
7. Dehydration/ not passing urine > 8 hours
8. Persistent or worsening symptoms of cough/ vomiting/ diarrhoea
9. Seizure (febrile or not)
PENJAGAAN DAN PENGURUSAN PESAKIT COVID-19 YANG MENJALANI PEMANTAUAN DI RUMAH

NASIHAT AM
1. Sentiasa berada di rumah dan pastikan anda boleh dihubungi setiap masa.
2. Duduk di bilik yang berasingan dengan kemudahan bilik air. Jika terpaksa berkongsi bilik air, pastikan pengudaraan yang baik dengan membuka tingkap
3. Pastikan pengudaraan bilik dalam keadaan baik dengan membuka tingkap
4. Lapor status kesihatan anda kepada anggota kesihatan apabila dihubungi atau melalui aplikasi MySejahtera setiap hari.
5. Jika gejala anda bertambah teruk, hubungi 999 atau terus ke hospital berdekatan dengan segera menggunakan kenderaan sendiri (jangan gunakan pengangkutan awam).
6. Elakkan interaksi secara bersemuka dengan ahli rumah yang lain. Sekiranya tidak dapat dielakkan, pastikan kedua-dua pihak memakai pelitup muka dan mengamalkan penjarakan sekurang-kurangnya 1 meter dan hadkan masa kepada kurang daripada 15 minit.
7. Tidak boleh menerima pelawat
8. Amalkan kebersihan diri
9. Kerap cuci tangan dengan air dan sabun atau hand sanitizer
10. Amalkan adab batuk yang betul. Tutup mulut dan hidung menggunakan tsu apabila batuk atau bersin.
11. Pastikan pengambilan makanan yang berkhasiat dan air yang mencukupi
12. Tidak berkongsi peralatan makanan dan penjagaan diri
13. Peralatan makanan mesti dibersihkan dan dikerikan setiap kali digunakan serta tidak boleh dikongsi bersama orang lain

SARANAN KETIKA MENCUCI PAKAIAN DAN LINEN
1. Pakaian dan linen (cadar, tuala dll) kotor yang digunakan oleh pesakit harus diletakkan di dalam beg plastik atau ditutup sehingga ianya dibasuh.
2. Pakaian dan linen pesakit tidak boleh dicampurkan dengan pakaian ahli keluarga atau rakan serumah
3. Pakai pelitup muka dan sarung tangan pakai buang semasa mengendalikan pakaian dan linen kotor.
4. Pakai apron plastik jika mengendalikan pakaian atau linen yang tercemar dengan cecair badan seperti muntah atau air kencing.
5. Jangan goncang pakaian dan linen kotor kerana virus boleh merebak ke udara
6. Gunakan air dan sabun pencuci pakaian biasa untuk mencuci pakaian dan linen
7. Buka sarung tangan dan cuci tangan menggunakan sabun dan air selepas mencuci.
8. Keringkan pakaian dan linen di bawah sinar matahari atau menggunakan mesin pengering elektrik.
PENGURUSAN SISA PESAKIT COVID-19
1. Pastikan pesakit dibekalkan dengan beg plastik sisa yang bersesuaian dan tebal.
2. Sisa yang terhasil seperti tisu kotor, sisa dan bekas makanan, pelitup muka, sarung tangan atau cecair badan pesakit (contohnya muntah) hendaklah dimasukkan ke dalam beg plastik yang disediakan.
3. Letakkan sisa buangan di luar bilik dan pastikan dibuang dengan segera.
4. Individu yang mengendalikan sisa buangan perlu memakai pelitup muka dan sarung tangan.
6. Selepas selesai menguruskan sisa tersebut, tanggal sarung tangan dan cuci tangan dengan air dan sabun.

TATACARA PEMBERSIHAN DAN DISINFEKSI DI RUMAH
2. Proses pembersihan dimulakan dengan serbuk pencuci biasa, dibilas dan diikuti dengan larutan disinfeksi yang mengandungi 0.1% sodium hipoklorit
3. Penyediaan bahan disinfeksi (0.1% sodium hipoklorit) untuk pembersihan permukaan adalah seperti berikut:
   a. 5 sudu makan larutan sodium hipoklorit 5% dicampur bersama 3.8 liter air ATAU
   b. 4 sudu teh larutan sodium hipoklorit 5% dicampur bersama 0.95 liter air ATAU
   c. 1 bahagian larutan sodium hipoklorit 5% dicampur dengan 49 bahagian air
4. Setiap bancuhan hanya digunakan sekali sahaja.
5. Pastikan tiada bahan lain ditambah ke dalam bancuhan untuk mengelakkan tindak balas yang tidak diingini.
6. Cuci tangan sebelum dan selepas melakukan disinfeksi
7. Sekiranya penjaga perlu menjalankan pembersihan, alat perlindungan diri (PPE) minima yang mesti dipakai ketika proses pembersihan ialah pelindung muka (face shield), pelitup muka, apron plastik, sarung tangan pakai buang dan kasut but. Cuci tangan selepas PPE ditanggalkan.

Reference
1. Caring for Someone Sick at Home, Advice for caregivers in non-healthcare settings, CDC, Updated Dec. 31, 2020
2. Home care for cases with suspected or confirmed COVID-19 and management of their contacts, WHO Interim guidance, 13 August 2020
How to Prepare the Patient’s Room for Isolation

Prepare a room for the exclusive use of the patient.

If there is no room available for exclusive use, place a bed or mattress for the exclusive use of the patient as far as possible from the rest of the family, at a minimum distance of 3–6 feet.

The patient’s room should have its own bathroom.

If this is not possible, the patient may use a common bathroom, but it should be disinfected with a 0.1% chlorine solution after each use.

Set aside eating utensils and tableware (fork, knife, plate, etc.) for the exclusive use of the patient.

These items may be washed with dishwasher soap.

Keep the room and the home well ventilated (open windows).

Do not shake out clothing.

Change and wash bedding daily (bedding should be for the exclusive use of the patient).

Disinfect frequently touched surfaces with a 0.1% chlorine solution or alcohol.

Disinfect doorknobs, light switches, bed, table, remote control, bathroom, and any other item used by the patient at least once daily.

If the patient is allowed to have company, the caregiver should follow recommended biosafety measures (mask and hand hygiene).

Limit to two the number of caregivers. The caregiver should be a family member who is healthy, young, and free from chronic illness.

The caregiver should use a mask when in the same room as the patient, or when at a distance of less than two meters (six feet) from the patient.


2. Tuan/Puan dikehendaki sentiasa memakai peranti yang dibekalkan oleh Pegawai Diberi Kuasa sepanjang tempoh pengawasan dan pemerhatian serta memastikan peranti pengesanan tersebut sentiasa berada dalam keadaan baik dan sempurna. Sekiranya peranti pengesanan tersebut rosak, tuan/puan hendaklah dengan segera melaporkan kepada Pejabat Kesihatan Daerah (PKD) paling hampir atau menghubungi ........................................ untuk mendapatkan gantian. Tuan/Puan hendaklah tidak
menanggalkan, memotong, memusnahkan, merosakkan, menghilangkan atau mengubah peranti pengesanan tersebut Peranti pengesanan tersebut hanya boleh ditanggalkan oleh Pegawai Diberi Kuasa selepas Tuan/Puan mendapat surat pelepasan perintah pengasingan atau pengawasan.

3. Tuan/Puan hendaklah dengan seberapa segera memuat turun aplikasi MySejahtera atau aplikasi lain yang ditetapkan oleh Kerajaan ke dalam telefon bimbit pintar atau apa-apa peranti lain sama ada yang didaftarkan atas nama tuan/puan atau di bawah kawalan tuan/puan dan hendaklah memastikan telefon bimbit atau peranti tersebut selalu bersama tuan/puan dan berada dalam mod aktif sepangjang masa sepanjang tempoh pengawasan dan pemerhatian. Tuan/Puan hendaklah memastikan segala maklumat yang dikemukakan oleh Tuan/Puan dalam aplikasi MySejahtera adalah tepat dan benar.

4. Sepanjang tempoh Tuan/Puan diletakkan di bawah pengasingan atau pengawasan, Tuan/Puan dikehendaki mematuhi perintah ini dan syarat-syarat yang terkandung di dalamnya dan memantau kesehatan diri menggunakan borang Home Assessment Tool (Lampiran 1) yang dilampiri bersama perintah ini.

5. Sekiranya Tuan/Puan adalah penjaga yang sah kepada kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU), Tuan/Puan hendaklah mengemukakan maklumat kanak-kanak di bawah umur lapan belas (18) tahun atau orang kelainan upaya (OKU) tersebut dalam Lampiran 2 dan memastikan orang di bawah jagaan Tuan/Puan mematuhi perintah ini dan syarat-syarat yang terkandung di dalamnya.


<table>
<thead>
<tr>
<th>Pegawai Diberi Kuasa</th>
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<tbody>
<tr>
<td>Nama</td>
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<td>Jawatan</td>
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<td>Tarikh &amp; Masa</td>
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<thead>
<tr>
<th>Pengesahan Menerima Salinan Perintah oleh Kontak yang Diletakkan di bawah Pengawasan dan Pemerhatian</th>
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</thead>
<tbody>
<tr>
<td>Nama</td>
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<tr>
<td>No.Kad Pengenalan/ No. Pasport</td>
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<tr>
<td>Tarikh &amp; Masa</td>
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<tr>
<td>Tandatangan</td>
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s.k Pejabat Kesihatan Daerah

.........................................................
Lampiran 1

‘HOME ASSESSMENT TOOL’ UNTUK PESAKIT COVID-19 DEWASA

NOTA: Tandakan ( √ ) sekiranya mempunyai gejala berikut

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<td>Sakit tekak atau selesai</td>
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<td>Kelesuan (Lethargy)</td>
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<td>Sakit otot (Myalgia)</td>
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<td>Boleh melakukan aktiviti harian</td>
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<td>*Tidak dapat toleransi/ mengambil makanan/ minuman</td>
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<td>*Gejala yang berterusan dan bertambah teruk seperti batuk, loya, muntah atau ciri birit</td>
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<td>*Tahap kesedaran berkurang (Reduced level of consciousness)</td>
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<td>*Pengurangan pengeluaran air kencing dalam tempoh 24 jam</td>
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   ii. Sekiranya pemantauan kendiri status kesihatan telah dibuat melalui aplikasi MySejahtera, borang ini tidak perlu diisi.
‘HOME ASSESSMENT TOOL’ UNTUK PESAKIT COVID-19 KANAK-KANAK
(Diisi oleh ibu bapa / penjaga kanak-kanak tersebut)

NOTA: Tandakan ( √ ) sekiranya anak di bawah jagaan anda mempunyai gejala berikut

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<thead>
<tr>
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NOTA: *TANDA AMARAN DI PEDIATRIK: Sekiranya ada gejala kanak-kanak hendaklah dirujuk ke hospital untuk penilaian lanjut.
Lampiran 2

SENARAI KANAK-KANAK DI BAWAH UMUR 18 TAHUN / ORANG KELAINAN UPAYA (OKU) DI BAWAH JAGAAN

Saya, …………………………………………………………………………………………………………………………[nama],
No. Kad Pengenalan/No.Pasport…………………………………………………………………………………………
beralamat di …………………………………………………………………………………………………………………
dengan ini sesungguhnya mengesahkan bahawa orang-orang yang dinamakan di bawah merupakan kanak-kanak di bawah umur 18 tahun / orang kelainan upaya (OKU) di bawah jagaan saya.

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<tr>
<th>NO.</th>
<th>NAMA</th>
<th>NO KAD. PENGENALAN / MYKid / PASPORT</th>
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Ditandatangani oleh: ………………………………………………………………………

Nama: ……………………………………………………………………………………………
No. K/P: ……………………………………………………………………………………………
Alamat : ……………………………………………………………………………………………
No. Telefon bimbit: …………………………………………………………………………………
Tarikh : ……………………………………………………………………………………………
KEMENTERIAN KESIHATAN MALAYSIA

Fail Rujukan:

Kepada:
Nama: ……………………………………………………..
No. Kad Pengenalan: …………………………………..
Alamat: ……………………………………………………
……………………………………………………………..
……………………………………………………………..


Dengan segala hormatnya perkara di atas adalah dirujuk.


3. Hasil pemeriksaan yang dijalankan oleh pihak kami mendapat status kesihatan Tuan/Puan adalah memuaskan. Oleh itu, Tuan/Puan adalah diberikan pelepasan dari menjalani pengasingan atau pengawasan di bawah P.U.(A) 293/2021, bermula dari tarikh seperti tersebut di bawah. Perhatian dan kerjasama yang telah Tuan/Puan berikan berhubung perkara ini adalah amat dihargai.

Sekian, terima kasih.

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<tr>
<th>Pegawai Yang Diberikuasa</th>
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<tr>
<td>Nama</td>
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<tr>
<td>Jawatan</td>
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<tr>
<td>Tempat Bertugas &amp; No. Telefon</td>
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<tr>
<td>Tarikh &amp; Masa</td>
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</tbody>
</table>
# GUIDELINE ON HOME MONITORING AND MANAGEMENT OF CONFIRMED COVID-19 CASE AT CAC IN PRIMARY CARE

- THIRD REVISION, 21 MARCH 2022

## APPENDIX 7

**KEMENTERIAN KESIHATAN MALAYSIA**

**COVID-19 PATIENT DISCHARGE NOTE / NOTA DISCAJ PESAKIT COVID-19**

**CAC ____________________________**

### 1. NAME/ NAMA:

### 2. AGE/ UMUR:

### 3. IC NO. / PASSPORT/ NO. KP:

### 4. GENDER/ JANTINA:

### 5. DATE OF 1ST CONSULTATION/ 1ST VISIT TO CAC/ TARIKH PERTAMA CONSULTASI/ LAWATAN KE CAC:

### 6. DATE OF DISCHARGE / TARIKH DISCAJ:

### 7. FINAL DIAGNOSIS/ DIAGNOSA AKHIR

- Highest Category (Clinical Staging): (Tick v) □ CAT 1 □ CAT 2 Mild □ CAT 2 Moderate □ CAT 3 □ CAT 4 □ CAT 5
- Comorbid: __________________________________________________________
- Complication: _______________________________________________________
- Date of positive swab taken: ___________________________________________
- Date of 1st symptoms, if any: _________________________________________

### 8. NOTE FOR FOLLOW UP, IF ANY / CATATAN UNTUK RAWATAN SUSULAN, JIKA PERLU

#### 8.1 Follow up / Rawatan susulan

- a. Hospital /Health Clinic/ Panel Clinic
  - Hospital / Klinik Kesihatan/ Klinik Panel: ________________________________
- b. TCA PRN/ Rawatan susulan bila perlu: _________________________________

#### 8.2 Discharge Medication List (if any)/ Senarai Ubat Discaj (jika ada):

*Note/ Nota

The risk of spreading the infection to other people is considered minimal or nil once patients have completed the isolation period as advised by the doctor/ Risiko jangkitan kepada orang lain dianggap minima atau tiada setelah pesakit menamatkan tempoh isolasi seperti yang dinasihatkan oleh doktor.

### 9. MEDICAL CERTIFICATE (MC) NO. (if provided) / NO. SIJIL CUTI SAKIT (jika dikeluarkan):

*Note/ Nota

Patients are eligible to return to work after receiving Release Order or after MC period has ended/ Pesakit layak untuk kembali bekerja setelah menerima ‘Release Order’ atau setelah tamat tempoh Sijil Cuti Sakit.

### 10. DETAILS OF ATTENDING DOCTOR/ BUTIRAN PEGAWAI PERUBATAN YANG MERAWAT

- Signature/ Tandatangan: ________________________________________________
- Name of doctor/ Nama pegawai perubatan: ________________________________
- Official Stamp/ Cop Rasmi:
- Date/ Tarih: _____________________________________________________________________

*Note/ Nota

a. Please bring this “Discharge Note” during follow up/ Sila bawa bersama ‘Nota Discaj’ ini semasa rawatan susulan.

b. This “Discharge Note” is not to be used in Court / “Nota Discaj” ini bukan untuk kegunaan mahkamah.
**APPENDIX 8a**

**ADULT COVID-19 HOME ASSESSMENT TOOL (A-COHAT) FOR HEALTH CARE PROVIDER**

Health care provider to ask patient if they have the following:

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<thead>
<tr>
<th>SYMPTOMS</th>
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<td>1 Sore throat or running nose</td>
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<td>3 Loss of taste</td>
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<td>4 Loss of smell</td>
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<td>7 Lethargy</td>
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<td>8 Myalgia</td>
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<td>9 Able to carry out daily activities</td>
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<td>10* Fever more than 2 days</td>
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<td>11* Shortness of breath</td>
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<td>13* Unable to tolerate orally</td>
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<td>14* Worsening of lethargy eg: more lethargic with usual activities or struggling to get out of bed</td>
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<td>15* Unable to ambulate without assistance</td>
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<td>16* Worsening or persistent symptoms such as cough, nausea, vomiting or diarrhoea</td>
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<td>17* Reduced level of consciousness</td>
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<td>18* Reduced urine output in the last 24 hours</td>
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**NOTE:**
- Symptoms 1-9: If present patient is CAT 2 (MILD) and may be referred to CAC for further assessment if needed
- Symptoms 10-18*: WARNING SIGNS - If present patient is CAT 2 (MODERATE) and needs referral to hospital for further assessment
### PAEDIATRIC COVID-19 HOME ASSESSMENT TOOL (P-COHAT) FOR HEALTH CARE PROVIDER

**Health care provider** to ask the parents/ caregiver or the child whether the child have the following:

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<td>1. Sore throat or running nose</td>
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<td>3. Vomiting or diarrhoea</td>
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<td>4*. URTI symptoms more than 5 days</td>
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<td>5*. Fast breathing/ Increase breathing effort</td>
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<td>6*. Inactive on handling/ Lethargy</td>
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<td>7*. Poor feeding</td>
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<td>8*. Chest or abdominal pain</td>
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<td>9*. Cold or clammy peripheries</td>
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<td>10*. Signs of dehydration</td>
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<td>11*. Change in mental status</td>
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<td>13*. Persistent fever &gt; than 3 days, new onset</td>
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<td>fever after initial resolution &amp; temp. &gt; 38°C</td>
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<td>14*. Worsening or persistent symptoms like</td>
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<td>nausea, vomiting and diarrhoea</td>
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**NOTE:**
Symptoms 4*-14*: **WARNING SIGNS** - If present, patient is CATEGORY 2B (MODERATE) and needs referral to hospital for further assessment.
### HOME ASSESSMENT TOOL FOR COVID-19 IN PREGNANCY

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<td>* Fever more than 2 days</td>
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<td>* Symptoms getting worse from previous day (e.g. cough, nausea, vomiting, diarrhoea)</td>
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<td>* Feeling lethargic until it affects daily activities</td>
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<tr>
<td>* Difficulty in breathing</td>
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<td>* Chest pain</td>
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<td>* Unable to tolerate food and drinks</td>
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<td>* Feeling faint, drowsy or having reduced level of consciousness</td>
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<td>* Reduced urination in the last 24 hours</td>
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<td>* Oxygen saturation &lt; 95% (if pulse oximeter available)</td>
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<td>* Reduced fetal movement</td>
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1. **KEBERSIHAN TANGAN**

Kebersihan tangan yang efektif adalah amalan yang paling berkesan dalam mengurangkan penyebaran mikroorganisma. CAC perlu dilengkapi dengan kemudahan sinki beserta *elbow tap, hand sanitizer, sabun / cecair antiseptik dan tisu tangan*

Anggota yang bertugas perlu mengamalkan;

a. *5 moments hand hygiene*
   - Sebelum menyentuh pesakit
   - Sebelum melakukan prosedur aseptic
   - Selepas risiko pendedahan cecair badan
   - Selepas menyentuh pesakit
   - Selepas menyentuh persekitaran pesakit

b. *6 langkah cucian tangan yang efektif (40-60 saat menggunakan sabun dan air, 20-30 saat menggunakan hand sanitizer)*

2. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE merupakan peralatan yang dipakai untuk melindungi anggota kesihatan daripada terdedah kepada risiko jangkitan.CAC perlu memastikan

a. Bekalan PPE hendaklah sentiasa berterusan
b. Anggota menerima latihan tatacara penggunaan PPE yang betul.

   c. Dua ruang/bilik khas untuk *donning* dan *doffing*
d. Poster donning dan doffing dipamerkan
e. Seorang infection control nurse/ infection control personnel untuk pantau pelaksanaan kawalan infeksi di CAC dan terutama semasa DOFFING

3. DISINFEKSI & STERILISASI (PERALATAN PESAKIT)

Proses disinfeksi dan sterilisasi (dekontaminasi) dilakukan pada semua peralatan perubatan guna semula bagi memastikan ianya bebas dari pencemaran mikro organisma dan spora serta mengelakkan jangkitan silang. Walau bagaimanapun, CAC digalakkan menggunakan peralatan pakai buang secara maksima mengikut kesesuaian. Sekiranya tidak menggunakan peralatan pakai buang, kaedah dekontaminasi perlulah mengikut kategori peralatan. (low level disinfection/ intermediate level disinfection/ high level disinfection/ sterilisasi). Disinfeksi peralatan seperti BP set, stetoskop, pulse oxymeter perlu dilakukan setiap kali selepas prosedur.

4. PEMBERSIHAN PERSEKITARAN

Penyelenggaran kebersihan dilakukan secara berjadual dan berkala. Peralatan dan bahan yang diperlukan dalam pembersihan persekitaran seperti;
   a. Disinfectant (wipe tissue/tablet/cecair)
   b. Mop mengikut tagging
   c. Decontamination machine (sekiranya ada)

Bekalan dan peralatan mestilah sentiasa mencukupi. Disinfeksi persekitaran boleh dilakukan secara lap, mop atau semburan terutama permukaan yang kerap disentuh. Ventilasi atau pengudaraan di CAC hendaklah dipastikan dalam yang baik.

5. PENGURUSAN LINEN

Sekiranya linen perlu digunakan di CAC, digalakkan menggunakan linen jenis pakai buang seperti sarung bantal, pelapik couch, disposable bed pad (blue sheet) bagi mengurangkan risiko jangkitan. Pengurusan linen guna semula perlu mengikut Garis Panduan Pencegahan Dan Kawalan Infeksi Di Fasiliti Primer Edisi 2019

6. PENGURUSAN SISA

Sisa domestik, klinikal dan peralatan tajam yang berpotensi menyebabkan infeksi memerlukan sistem pengurusan yang selamat. Bagi mengurusan jenis-jenis sisa, CAC perlu menyediakan;
   a. Tong sisa domestik
   b. Tong sisa klinikal – tong sisa klinikal besar dan wheel bin
   c. Sharp bin

Anggota dan kenderaan khusus perlu disediakan untuk pengurusan sisa klinikal di CAC.
7. **PENGURUSAN PERALATAN TAJAM DAN KESELAMATAN SUNTIKAN**

Peralatan tajam adalah jarum suntikan atau jarum suntikan dengan syringe, lancet, blade,ampul/vial yang telah pecah, intravena kanula. Keselamatan suntikan termasuk pengambilan darah, penggunaan lancet atau peralatan intravena perlu diamalkan supaya tidak membahayakan pesakit, tidak mendedahkan anggota kesihatan kepada risiko tusukan jarum,mengelakkan pendedahan sisa klinikal yang boleh membahayakan orang awam. Penggunaan safety device digalakkan bagi pengambilan darah dan suntikan di CAC.

8. **PENGURUSAN TUMPAHAN (SPILLAGE)**

Pengurusan tumpahan dikhususkan untuk tumpahan sisa klinikal seperti darah, muntah,nanah dan lain-lain cecair badan bagi mengelakkan penyebaran infeksi. Peralatan asas yang perlu dalam pengurusan tumpahan adalah spillage kit. Spillage kit diletakkan di bilik rawatan atau tempat bersesuaian yang mudah diperolehi. Tatacara pengurusan tumpahan perlu mengikut Garis Panduan Pencegahan Dan Kawalan Infeksi Di Fasiliti Primer Edisi 2019

9. **ETIKA BATUK**

Etika batuk perlu diamalkan bagi mencegah penyebaran organisma yang boleh menyebabkan transmisi penyakit. CAC perlu menyediakan poster etika batuk dan bersin dan dipamerkan sebagai bahan pendidikan kepada pesakit. Pelitup mulut dan hidung serta hand sanitizer disediakan untuk kegunaan pesakit.
LIST OF EQUIPMENT FOR CAC

The minimum equipment required are:
1. Internet line
2. Telephone – Fixed / Mobile
3. Laptop/ Computer
4. Digital Standing Thermometer
5. BP Set
6. Pulse Oximeter
7. Glucometer
8. Emergency kit
9. Clinical waste bin
10. Sharp bin
11. Domestic bin
12. Complete set of PPE (Face shield, Head cover, N95 mask, Gloves, Long sleeved fluid resistant isolation gown, boot cover, apron)
13. Spillage Kit
14. Cleaning tools (mops with colour tagging and double buckets)
15. Decontamination Machine (optional)
I. CARTA ALIR PELAPORAN RETEN CAC

MULA

Reten CAC (Ketua Koordinator CAC)

Pejabat Kesihatan Daerah (Pegawai Kesihatan Daerah)

Jabatan Kesihatan Negeri (KPP Primer Negeri) → CPRC Negeri

Bahagian Pembangunan Kesihatan Keluarga (Cawangan Kesihatan Primer) → CPRC Kebangsaan

TAMAT

TAMAT
I. PELAPORAN RETEN CAC

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|        |     | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | JUMLAH |
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BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH

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|        |     | Rumah Persendirian | Disediakan Majikan | Institusi Pendidikan | Institusi Kebajikan | Hotel | Lain-Lain | JUMLAH |

|        |     | KES DARI CAC YANG DIRUJUK KE PKRC/HOSPITAL | KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC |
|        |     | 4. KES BARU HARIAN | 5. KES RUJUKAN HARIAN |
|        |     | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | JUMLAH |
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|        |     | KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE HOSPITAL | KES DISCAJ DARI CAC |
|        |     | 6. KES RUJUKAN HARIAN | 7. KES DISCAJ HARIAN |
|        |     | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | < 2 tahun | 2-17 tahun | 18-39 tahun | 40-59 tahun | ≥60 tahun | JUMLAH |
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KAMUS RETEN HARIAN CAC

1. KEDATANGAN PESAKIT KE CAC
Meliputi semua kedatangan ke CAC:
1. Pesakit Yang dirujuk dari Bilik Gerakan PKD
2. Pesakit Yang dirujuk dari Hospital (step down care)
3. Pesakit Yang dirujuk dari PKRC (step down care)
4. Pesakit yang hadir secara walk in selepas menerima notifikasi MySejahtera
5. Pesakit yang hadir secara walk in (tanpa sebarang rujukan)

Deskripsi:
Indikator 1a: Bilangan Kedatangan Baru Ke CAC
Semua kedatangan baru ke CAC berdasarkan kategori rujukan/walk-in, pada hari pelaporan.
Termasuk:
1. Kes positif yang pertama kali datang ke CAC tanpa mengambil kira bilangan hari pesakit tersebut didiagnosis bagi penilaian klinikal dan/atau release order.
2. Kes yang pertama kali datang ke CAC, walaupun telah tamat tempoh pengasingan (isolasi) 10 hari bagi tujuan release order.

Indikator 1b: Bilangan Kedatangan Ulangan ke CAC
Semua kedatangan ulangan ke CAC berdasarkan kategori (home monitoring reassessment / discaj / lain-lain) pada hari pelaporan.

Indikator 1c: Jumlah Kedatangan Harian ke CAC
Jumlah kedatangan harian (bilangan kedatangan baru + bilangan kedatangan ulangan).

2. BILANGAN KES SEDANG MENJALANI PEMANTAUAN DI RUMAH
Bilangan kes yang menjalani pemantauan di rumah selepas penilaian oleh CAC

Deskripsi:
Indikator 2a: Kes Baru
Bilangan kes COVID-19 Baru yang hadir ke CAC pada hari pelaporan dan didapati sesuai untuk menjalani pemantauan di rumah.

Indikator 2b: Jumlah Kes Aktif Semasa

3. LOKASI KES AKTIF SEDANG MENJALANI PEMANTAUAN DI RUMAH
Lokasi di mana kes aktif dalam pemantauan di rumah berada.

Deskripsi:
Indikator 3: Lokasi Kes Aktif Menjalani Pemantauan Di Rumah
Lokasi di mana kes aktif dalam pemantauan di rumah berada.
Tidak termasuk kes telah discaj dan/atau dirujuk untuk step-up care pada hari pelaporan.
4. **KES DARI CAC YANG DIRUJUK KE PKRC / HOSPITAL**
   Kes baru dinilai pada kali pertama di CAC dan didapati tidak sesuai untuk menjalani pemantauan di rumah dan perlu dirujuk ke PKRC / Hospital. Tidak termasuk kes sedang dalam pemantauan di rumah yang dirujuk untuk *step up care*.

   **Deskripsi:**
   **Indikator 4: Kes Baru Harian**
   Bilangan kes baru yang tidak sesuai untuk pemantauan di rumah dan dirujuk ke hospital dan PKRC pada hari pelaporan.

5. **KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE PKRC**
   Kes Sedang Menjalani Pemantauan di Rumah Yang Dirujuk ke PKRC (*step up care*). Melibatkan: Kes mengalami kemosotan gejala dari ringan ke sederhana dan/atau mempunyai tanda amaran (*warning signs*).

   **Deskripsi:**
   **Indikator 5: Kes Rujukan Harian**
   Kes sedang menjalani pemantauan di rumah yang dirujuk ke PKRC (*step up care*) pada hari pelaporan.

6. **KES PEMANTAUAN DI RUMAH YANG DIRUJUK KE HOSPITAL**
   Kes Sedang Menjalani Pemantauan di Rumah Yang Dirujuk ke Hospital (*step up care*). Melibatkan: Kes mengalami kemosotan gejala dari ringan ke sederhana dan/atau mempunyai tanda amaran (*warning signs*).

   **Deskripsi:**
   **Indikator 6: Kes Rujukan Harian**
   Kes sedang menjalani pemantauan di rumah yang dirujuk ke hospital (*step up care*) pada hari pelaporan.

7. **KES DISCAJ DARI CAC**
   **Deskripsi:**
   **Indikator 7: Kes Discaj Harian**
   Kes Yang Telah Tamat Tempoh Pengasingan.