

# **Stop and Watch** Early Warning Tool

## **Potential** Signs and Symptoms of **COVID-19** in Older Adults

If any of these are noted, please notify the RN immediately

<b>Respiratory</b> (STop and watCh)		<b>Cognitive</b> (STOp and wAtch)
<ul style="list-style-type: none"> <li>• New Cough</li> <li>• Coughing up blood</li> <li>• Increased shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>• Increased sputum production</li> <li>• Runny nose</li> <li>• Nasal congestion</li> <li>• Unable to smell</li> <li>• Clammy or mottled skin</li> </ul>	<ul style="list-style-type: none"> <li>• Acute or worsening confusion</li> <li>• New visual hallucinations</li> <li>• New or increased fatigue</li> <li>• New dizziness</li> <li>• Increased drowsiness or sleeping more</li> </ul>
<b>Pain</b> (stoP and watch)		<b>GI</b> (stop AND watch)
<ul style="list-style-type: none"> <li>• Sore muscles</li> <li>• New body aches</li> <li>• Sore throat</li> <li>• Abdominal pain</li> <li>• Chest pain</li> </ul>		<ul style="list-style-type: none"> <li>• Loss of appetite</li> <li>• Decrease in amount eaten</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> </ul>
<b>Other Signs</b>		<b>(STOp and wAtch)</b>
<ul style="list-style-type: none"> <li>• Fever (greater than or equal to 37.5 degrees C <u>OR</u> 1 degree C above baseline temperature)</li> <li>• Conjunctivitis (red eyes)</li> <li>• Decreased participation with activities of daily activities</li> </ul>		<ul style="list-style-type: none"> <li>• New Grunting</li> <li>• Hoarse voice</li> <li>• New or More Frequent Falls</li> <li>• They're "just off" or "just not themselves"</li> </ul>

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If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

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|----------|--|
| <b>S</b> | Seems different than usual                                 |
| <b>T</b> | Talks or communicates less                                 |
| <b>O</b> | Overall needs more help                                    |
| <b>P</b> | Pain – new or worsening; Participated less in activities   |
| <b>a</b> | Ate less   |
| <b>n</b> | No bowel movement in 3 days; or diarrhea                   |
| <b>d</b> | Drank less   |
| <b>W</b> | Weight change  |
| <b>A</b> | Agitated or nervous more than usual                        |
| <b>T</b> | Tired, weak, confused, or drowsy                           |
| <b>C</b> | Change in skin color or condition                          |
| <b>H</b> | Help with walking, transferring, toileting more than usual |