Evaluation and treatment of a patient with COVID-19 may begin with identification of the disease stage and use of tools to ensure treatment is client centered and grounded in best practice.

<table>
<thead>
<tr>
<th>Disease Stage</th>
<th>Clinical Features</th>
<th>Therapeutic Considerations</th>
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</table>
| Stage 1: Early Symptoms  
*Mild Disease*  
(Pre-hospitalization/Hospital admission) | Cough  
Fatigue  
Shortness of breath  
Fever  
Fear  
Anxiety | Integrate Theory into Assessment and Treatment in Acute Care  
Prevent Falls and Reduce Risk of Injury From Falls  
Provide Resources related to Energy Conversation and Work Simplification  
Discuss Mental Health Considerations and Stress Management During an Outbreak  
Reduce Risk for Hospital Readmission  
Provide Resources for Safe Shelter at Home  
Address Occupational Deprivation  
Understand the Pulmonary System and How it Affects Quality of Life  
Evaluate Performance Patterns (e.g., Routines and Habits) related to How COVID-19 Spreads  
Collaborate with Team to Provide Education and Tools related to ADLs (e.g., Handwashing) and IADLs (e.g., caregiving, medication management) |
| Stage 2: Respiratory Distress  
*Moderate Disease*  
(Hospitalization) | Hypoxia  
Acute Respiratory Distress  
Supplemental Oxygen  
Supportive Medical Therapy  
Fear  
Anxiety | Promote Acute Care Competency (Familiarity with Hospital Equipment, Laboratory Values)  
Assess Client Factors and Body Functions related to Acute Care  
Prevent Physical Deconditioning and Related Positioning Issues  
Monitor Oxygen Saturation and Vital Signs  
Assess Mental Health and Collaborate with Team  
Address Occupational Deprivation  
Collaborate with Team regarding The Role of OT in Medication Management in Acute Care |
| Stage 3: Respiratory Failure  
*Severe Disease*  
(Intensive Care Unit (ICU)) | Acute Respiratory Failure  
Multi-organ Failure  
Vasogenic Shock  
Delirium, ICU-Acquired Weakness (AW)  
Mechanical Ventilation  
Prone Positioning, ECMO  
Sedation, Paralytics  
Ventilator Weaning | Promote ICU Competency and ICU Programming  
Reduce Likelihood of ICU-Acquired Weakness (ICU-AW)  
Reduce Likelihood of Post-Intensive Care Syndrome  
Monitor for Delirium or Psychosis and Collaborate with Team  
Monitor Vital Signs and Discuss Decompensation with Team |
| Stage 4: Post-Acute Care  
*Recovery*  
(Recovery from severe disease  
(Discharge to general medicine floor, post-acute rehabilitation, and/or subacute rehabilitation)) | Post-Intensive Care Syndrome  
Physical, Cognitive, and Psychological Dysfunction  
Post-Traumatic Stress Disorder (PTSD) | Monitor for Post-Intensive Care Syndrome  
Consider the Effects of Oxygen Weaning on ADLs  
Provide Energy Conversation and Work Simplification home programming  
Consider Cognition, Cognitive Rehabilitation, and Occupational Performance; and address Cognitive Impairments  
Address Mental Health, Stress, and Coping Related PTSD or Anxiety Disorder Post-COVID-19  
Consider Discharge Planning in Acute Care |