CALL OR VIDEO VISIT: Nursing/Clinician Reassessment and Documentation:
- Label Chart clearly (Epic banner, problem list, and clinical communication)
- Use term: COVID PT
- Inform patient of results
- Reinforce important of self isolation in pt teaching

CLINICAL ASSESSMENT:
- Assess current symptoms
- Assess risk factors for progression
- Dyspnea
- Age / Comorbidities / Obesity
- Monitor for severity

Severe illness w/ emerging respiratory distress?

ED and hospital admission
- Call before sending to inform “COVID PT” can self transport
- If ambulance needed must inform “COVID PT”

SAFETY FOR HOME:
- Age / Comorbidities / BMI > 40
- Comprehension of instructions
- SDOH (social determinants of health: food access, shelter, transportation, caregiver concerns)

Pt requires additional support to be safe at home?

Care per algorithm AND Implement wrap around Care Coordination Program w/more frequent touchpoints

Home isolation ≥ 14 days AND symptoms resolved for ≥ 3 days
- Frequent clinical outreach touchpoints
- Symptom management

Reassessment: Progressive illness?

Pt has isolated for 14 days and no symptoms for ≥ 3+ days?

Final clinical assessment to confirm resolution of illness/release to community

NOTES:
CXR not routinely indicated.
Labwork not routinely indicated
Neither Azithromycin nor hydroxychloroquine are indicated in the ambulatory setting at this time
Minimize use of antibiotics for viral illness.
If ABX necessary, use alternatives to Azithromycin

SIM COVID AMBULATORY GUIDELINE 3.23.20