CALL OR VIDEO VISIT: Nursing/Clinician Reassessment and Documentation:
- Label chart clearly (Epic banner, problem list, and clinical communication)
- Inform patient of results – all positive results should be communicated by phone or video
- Reinforce importance of self isolation in patient teaching

CLINICAL ASSESSMENT (phone/video visit or outreach encounter):
- Assess current symptoms
- Assess risk factors for progression (covid risk score)
- Monitor for severity

Severe Symptoms?
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Dyspneic (RR > 25)
- Tachycardia (HR > 110)
- Pulse oximetry <94%
- Temperature >101.5 for 3 days

ASSESS SAFETY FOR HOME MANAGEMENT:
- Comprehension of instructions
- SDOH (social determinants of health: food access, shelter, transportation, caregiver concerns)

Pt requires additional support to be safe at home?
- YES
- NO

Home isolation ≥ 10 days

Ambulatory home management
- Minimum: Clinician or Care Coordinator contact w/results AND day 7 from onset of symptoms; more frequent if available and covid risk score >2, dyspnea, high fever, chest pain or clinician discretion. Telehealth preferred
- Home O2 sat monitoring if available
- Care management f/u frequency based on risk assessment and patient needs
- Monitor for dyspnea, cough, fever eg. progression to severe
- Monitor ability to eat no dehydration
- If symptoms worsen, treat to level of severity of illness

Worsening symptoms?
- YES
- NO

ED and hospital admission
Care per algorithm AND Implement wrap around Care Coordination Program w/more frequent touchpoints

Severe Symptoms?
- YES
- NO

Pt isolated for 10 days (20 days for those with severe immunocompromise) improving, and no fever ≥ 1 day?
- YES
- NO

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

NOTES:
- CXR/labwork not routinely indicated
- Minimize use of antibiotics for viral illness