

# ADULT AMBULATORY HOME MANAGEMENT TREATMENT GUIDELINE

**START: POSITIVE COVID-19**

**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 (phone/video visit or outreach encounter)**

- Assess current symptoms
- Assess risk factors for progression (covid risk score)
- Monitor for severity

**Severe illness?**

**YES**

**NO**

- Severe**
- Unable to get out of bed
  - Dyspneic (RR > 25)
  - O2 sat < 94
  - Chest pain
  - Tachycardia ( HR > 110)
  - Difficulty completing sentence
  - Confused, dehydrated
  - Temperature >101.5 for 3 days

**ED and hospital admission**

**SAFETY FOR HOME:**

- Age/Comorbidities/BMI > 30 (covid risk score)
- 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**

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

**Home isolation for 14 days**

**Ambulatory home management**

- Minimum: Care Coordinator contact w/results AND day 7 from onset of symptoms
- Medical evaluation from PCP or Telehealth/APC minimum x 2
- Home O2 sat monitoring if available
- Continued outreach calls and reassessment RN/MD/APC until symptoms resolve
- 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
- Additional outreach calls for those with: covid risk score>3, dyspnea, high fever, chest pain or clinician discretion

**YES progressive and worsening**

**No Persistent or improving**

**Worsening symptoms?**

**NO**

**YES**

**Pt isolated for 14 days and no fever ≥ 3 days?**

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

**NOTES:**

- CXR/labwork not routinely indicated
- Azithromycin and hydroxychloroquine not indicated in the ambulatory setting
- Minimize use of antibiotics for viral illness