BWH QUICK-REFERENCE GUIDE

COVID-19 Outpatient Management

For more information, visit https://covidprotocols.org/protocols/ambulatory-ed-and-floor-management.

Clinic Workflow

Patients are screened prior to visit and again day-of.
• If NO SYMPTOMS: follow universal mask-wearing policy
• If SYMPTOMS: defer, virtual visit, treat as “Symptomatic Outpatient” (see next section below)

Evaluating Symptomatic Outpatients

All symptomatic patients should be tested and remain in strict isolation until tests return.

<table>
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<th>SYMPTOMS</th>
<th>ACTION</th>
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| MILD     | • Virtual visit  
|          | • Complete COVID-19 triage  
|          | • Order COVID-19 PCR |
| MODERATE | • In-person evaluation and testing in isolation-equipped outpatient clinic |
| SEVERE   | • Send to ED or Direct Admission (admitting x27450) |

Treating COVID-19 Outpatients

Currently outpatient treatment is supportive/symptomatic. (See Drugs & Treatments guide for summary of options)
• Counsel isolation within home and all contacts tested
• BWH lab will automatically notify the DPH; the DPH conducts contact tracing
• Schedule virtual visit followup:
  - low risk: Day 5 of symptoms
  - moderate or high risk: Days 4, 7, and 10 of symptoms
  - post hospital discharge: Day 2
• Obtain Infectious Disease (ID) e-consult if needed

Treating a COVID-19 Exposure

Exposure = being within 6 feet of a COVID+ person for more than 15 minutes.
• Consider a COVID+ person infectious (per CDC criteria):
  - if symptomatic: from 2 days before symptom onset
  - if asymptomatic: from 2 days before date of positive test
• Counsel isolation for 14 days since last exposure
• Test if symptomatic or to protect others (eg, immunocompromised relatives)
  - routine asymptomatic testing not recommended: false negatives early in disease risk false reassurance
• No current post-exposure prophylaxis exists

Return to Work / Clearance

Prolonged RT-PCR positivity common but does not correlate with infectivity, which drops to near zero at ~10 days after symptom onset and 3 days after symptom resolution (CDC).

CDC resolution criteria
• 10 days after illness onset and 3 days after recovery (whichever is longer)
• Consider testing before return to work if HCW, residing in congregate living facilities, immunocompromised, etc.

MGB resolution criteria
• Outpatients/employees:
  14 days after symptom onset + 1 day after resolution (whichever is longer)
• Severely immunocompromised outpatient:
  20 days after symptom onset + 1 day after resolution (whichever is longer)
• Previously hospitalized patients:
  no clear evidence; recommend 14 days post-discharge

* High-risk category
Factors that put people at higher risk for severe COVID-19 illness:
• Age 65+
• Resides in a nursing home, longterm care facility, group home, correctional facility, dormitory
• Experienced homelessness or housing insecurity
• Coming from a dialysis center
• Chronic lung disease or moderate to severe asthma
• Significant heart disease
• Immunocompromised
• Morbid obesity (BMI 40+)
• Diabetes
• Chronic kidney disease/ESRD, coming from a dialysis center
• Psychiatric or substance use disorder
• Chronic liver disease

FOR URGENT QUESTIONS: Infection Control p11482 or Infectious Disease e-consult. See https://covidprotocols.org/ for current full manual.