

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.

SYMPTOMS	ACTION
MILD <ul style="list-style-type: none"> • SpO2 > 95% and mild symptoms in low-risk patient 	<ul style="list-style-type: none"> • Virtual visit • Complete COVID-19 triage • Order COVID-19 PCR
MODERATE <ul style="list-style-type: none"> • SpO2 90–95% or dyspnea limiting ADLs • high-risk* patient with SpO2 90–97% or any dyspnea 	<ul style="list-style-type: none"> • In-person evaluation and testing in isolation-equipped outpatient clinic
SEVERE <ul style="list-style-type: none"> • SpO2 < 90% • high-risk* patient with SpO2 < 95%, severe dyspnea, AMS, orthostasis, chest pain 	<ul style="list-style-type: none"> • Send to ED or Direct Admission (admitting x27450)

Treating COVID+ 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	UNDERLYING MEDICAL CONDITIONS
Factors that put people at higher risk for severe COVID-19 illness: <ul style="list-style-type: none"> • Age 65+ • Resides in a nursing home, longterm care facility, group home, correctional facility, dormitory • Experiencing homelessness or housing insecurity • Coming from a dialysis center 	<ul style="list-style-type: none"> • 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