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, or 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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<tr>
<th>SYMPTOMS</th>
<th>ACTION</th>
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| MILD: SpO2 ≥ 94% and mild symptoms in low-risk patient | Virtual visit  
Complete COVID-19 triage  
Order COVID-19 PCR |
| MODERATE: SpO2 ≥ 94% but either:  
dyspnea limits ADLs  
patient is high-risk* | In-person evaluation and testing in isolation-equipped outpatient clinic |
| SEVERE: SpO2 < 94%, or SpO2 ≥ 94% but patient is high-risk* with AMS, orthostasis, chest pain, severe dyspnea | Send to ED or Direct Admission |

**Treating COVID-19 Outpatients**

*Outpatient treatment is supportive for most patients.*

(See Drugs & Treatments guide for summary of options)

- Consider monoclonal antibody therapy (including Bamlanivimab infusion) for patients with mild to moderate COVID-19 disease who are at high risk
  - At MGB, patients age ≥ 65, or with BMI ≥ 35, can be entered into lottery for treatment using the order “Amb Referral to Eval for Monoclonal Therapy”

- Counsel isolation within home and all contacts tested

- BWH lab will automatically notify the DPH; the DPH conducts contact tracing

- Schedule virtual visit follow-up:
  - 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 a cumulative 15 minutes over 24h period.*

- 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 10 – 14 days since last exposure
  - all exposed individuals should obtain PCR testing (ideally between day 5 and 7 from exposure)
  - all exposed individuals need to quarantine for full 10 – 14-day period regardless or result
  - repeat PCR testing if symptoms develop during quarantine and initial exposure testing negative

- No current post-exposure prophylaxis exists

**MGB 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).*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.*

**ASYMPTOMATIC**

- 10 days since positive test if immuno-competent;  
20 days since positive test if immuno-compromised

**SYMPTOMATIC** (must meet all three criteria)

- 10 days since symptom onset if immuno-competent;  
20 days if immuno-compromised
  - All previously hospitalized: 10 days post-discharge or 20 days since symptom onset; if also severely immunocompromised, must be cleared individually
  - 24 hours since last fever
  - 24 hours since symptom improvement

*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
- Experiencing homelessness or housing insecurity
- Coming from a dialysis center

*UNDERLYING MEDICAL CONDITIONS*

- Chronic lung disease or moderate to severe asthma
- Significant heart disease
- Immunocompromised
- Morbid obesity (BMI 40+)
- Diabetes
- Chronic kidney disease/ESRD
- Psychiatric or substance use disorder
- Chronic liver disease

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