## Evaluating Symptomatic Outpatients

**Vaccination status should not change management. Symptomatic patients should be tested and remain in strict isolation until tests return.**

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>ACTION</th>
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</table>
| **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+ Outpatients

**Vaccination status should not change management for infected patients. Outpatient treatment is supportive for most patients.** (See Drugs & Treatments guide for options.)

- Monoclonal antibodies are indicated for outpatients with confirmed mild to moderate COVID-19 disease who are at high risk for progressing to severe disease and/or hospitalization
- Counsel isolation within home and all contacts tested
- BWH lab notifies DPH; 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

### 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

## Treating a COVID-19 Exposure

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

**EXPOSURE = ANY OF:**

- being within 6 feet of a COVID+ person for more than a cumulative 15 minutes over 24 h period  
- being a close contact of a COVID+ person  
- concern about physical contact, enclosed space

### VACCINATED and asymptomatic

- Currently exempt from quarantine (per CDC)
- Obtain a test 3–5 days after exposure; wear mask indoors × 14 days (or until negative testing)  
  - healthcare workers may require more extensive testing to return to work and should contact OHS

### NOT VACCINATED and asymptomatic

- Obtain PCR testing; ideally, repeat testing 5–7 days from exposure; if symptoms develop, repeat testing

### PCR TESTING | ACTION
| Testing not available, or tested earlier than day 5 | • quarantine 10–14 days |
| Day 5+ testing is negative | • quarantine 7 days |

## Post-COVID care

Recovery ~2 wks; 2–3 mos if severe; symptoms ≥ 12 wks in ~2%

- **General**: sleep hygiene and insomnia treatment, smoking/alcohol cessation, gentle exercise, treatment of anxiety/depression, NSAIDs/acetaminophen for chest pain
- **Recrudescence**: work up for alternate etiologies (infection, PE/VTE, myocarditis, arrhythmia)
- **Symptoms > 3 mos**, consider reimage/PFT/Covid-Rehab
- **ME/CFS and dysautonomia**: see Covidprotocols.org

## Reinfection / Variants

New or significantly worsening symptoms, re-test with PCR; clinical interpretation needed to distinguish if positive test is residual from prior infection or reflects new infection

Cluster investigation, vaccine failure, Variant of Interest sequencing: Contact MASPHL Epidemiology 617-983-6800

Prolonged symptoms, refer to BWH Post-COVID Clinic 617-525-3665 or Spaulding Post-COVID Rehab 617-952-6220

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