

COVID-19 Outpatient Management

For more information, visit <https://bwh.covidprotocols.org/protocols/ambulatory-management/>

Evaluating Symptomatic Outpatients

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

SYMPTOMS	ACTION
MILD: SpO ₂ ≥94% and mild symptoms in low-risk patient	<ul style="list-style-type: none"> Virtual visit Complete COVID-19 triage Order COVID-19 PCR
MODERATE: SpO ₂ ≥94% but either: <ul style="list-style-type: none"> dyspnea limits ADLs patient is high-risk* 	<ul style="list-style-type: none"> In-person evaluation and testing in isolation-equipped outpatient clinic
SEVERE: SpO ₂ <94%, or SpO ₂ ≥94% but patient is high-risk* with AMS, orthostasis, chest pain, severe dyspnea	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • quarantine 10–14 days
Day 5+ testing is negative	<ul style="list-style-type: none"> • 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 reimaging/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 MASPHEP Epidemiology 617-983-6800

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