

General criteria for discharge of COVID positive patients

- Deemed clinically stable for discharge
- Stable O2 requirement defined as O2 sat consistently >92% over last 48hrs on same or decreasing oxygen supplementation
- Patients enrolled in a clinical trial for Remdesivir will need to discontinue Remdesivir at discharge
- Patients enrolled in a clinical trial for Favipiravir will be able to continue Favipiravir if needed to complete the planned course. Please contact study Karen Longtine or Jaclyn Longtine if you are discharging a patient on Favipiravir.
- Discharge Exit
 - To another facility via ambulance
 - Leave via ambulance bay
 - Discharged Home on precautions – patient should not leave their room until ride home is present.
 - University Campus – Remillard Lobby
 - Marlborough Campus- Main Entrance
 - Memorial Campus – South Entrance
 - Health Alliance Hospital – Entrance B
 - Clinton Hospital – Emergency Department Entrance

If discharging patient to home or an assisted living facility:

- Please provide discharge instructions using the dot phrase .COVIDAVS in EMR.
- Primary Care Physician (PCP) should be notified of patient at time of admission and at discharge
 - PCP is a UMass EMR User
 - Inbasket Message (Preferred)
 - EMR Secure chat
 - PCP is not a UMass EMR User
 - Phone
 - Email (external)
- Patients with COVID-19 pneumonia may have worsening respiratory status up to 7-10 days after the initial presenting symptoms. Thus, close post-discharge follow-up should be arranged for those patients being discharged home
- At time of discharge, patient should be scheduled for follow-up with PCP
 - Phone Outreach – two touchpoints
 - Within 72 hours of discharge AND
 - 7-8 days from symptoms onset (COVID-19 patients deteriorate around 7 days from symptom onset)

- Clinic Visit within 14 days
- For more information regarding ambulatory follow up of the COVID positive patient please see [UMMHC Follow-Up for COVID-19 Positive Patient in the Ambulatory Setting](#)
- If a patient is being discharged to home quarantine, will need to follow CDC/MDPH criteria to complete quarantine as outlined in the discharge instructions by.COVIDAVS.
- Decision to discharge home should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations. Guidance on [implementing home care of persons who do not require hospitalization](#) and the [discontinuation of home isolation for persons with COVID-19](#) is available.
- If the patient is leaving AMA or elopes please notify Infection Control. Infection Control will report this information to the Massachusetts Department of Public Health.

If discharging patient on precautions to short term rehabilitation:

- Current facilities accepting COVID positive patients on precautions
 - Beaumont in Worcester
 - Criteria-> please click [here](#)
 - MOLST form completed on ALL patients (including Full code)
 - Fairlawn Rehabilitation Hospital
 - Criteria-> improved symptoms over last 72hrs, afebrile for 24hrs, ability to participate in acute rehab
- Review eligibility criteria for discharge to SNF (Link)

If discharging patient on precautions to a long-term care facility:

- If Transmission-Based Precautions *are still required*, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Per Massachusetts regulation, all Long-Term Care facilities are required to have the ability to adhere to these precautions.

Removing precautions prior to discharge or discharging patient off of precautions to a facility

- Testing based strategy (if facility requires negative testing)
 - Immunocompetent COVID+ patient:
 - Greater than 7 days since symptom onset or since the asymptomatic patient tested positive
 - Patient should be afebrile for more than 24 hours without antipyretics
 - After patient afebrile for more than 24 hours, obtain a COVID-19 PCR test

Modified: 4/23/2020

Owners: Kimberly Eisenstock, MD

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- If + then wait 48 hours to retest
- If – then retest in 24 hours
- Once you have 2 negative tests at least 24 hours apart then the patient is cleared
- Immunocompromised COVID+ patient (e.g. transplant patient, on chemotherapy or immunosuppression):
 - Greater than 14 days since symptom onset or since the asymptomatic patient tested positive
 - Patient should be afebrile for more than 24 hours without antipyretics
 - After patient afebrile for more than 24 hours, obtain a COVID-19 PCR test
 - If + then wait 48 hours to retest
 - If – then retest in 24 hours
 - Once you have 2 negative tests at least 24 hours apart then the patient is cleared
- Pregnant patients see (link to Pregnant Person- COVID-19+)
- If patient has persistent symptoms but two negative tests, should remain on contact and droplet precautions.
- Symptom based strategy (if facility doesn't require negative testing)
 - Symptomatic COVID+ patient:
 - Greater than 7 days since symptom onset and patient has been afebrile and symptom free for 72 hours without antipyretics
 - Asymptomatic COVID+ patient:
 - Greater than 7 days since positive test result

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), [Division of Viral Diseases](#)