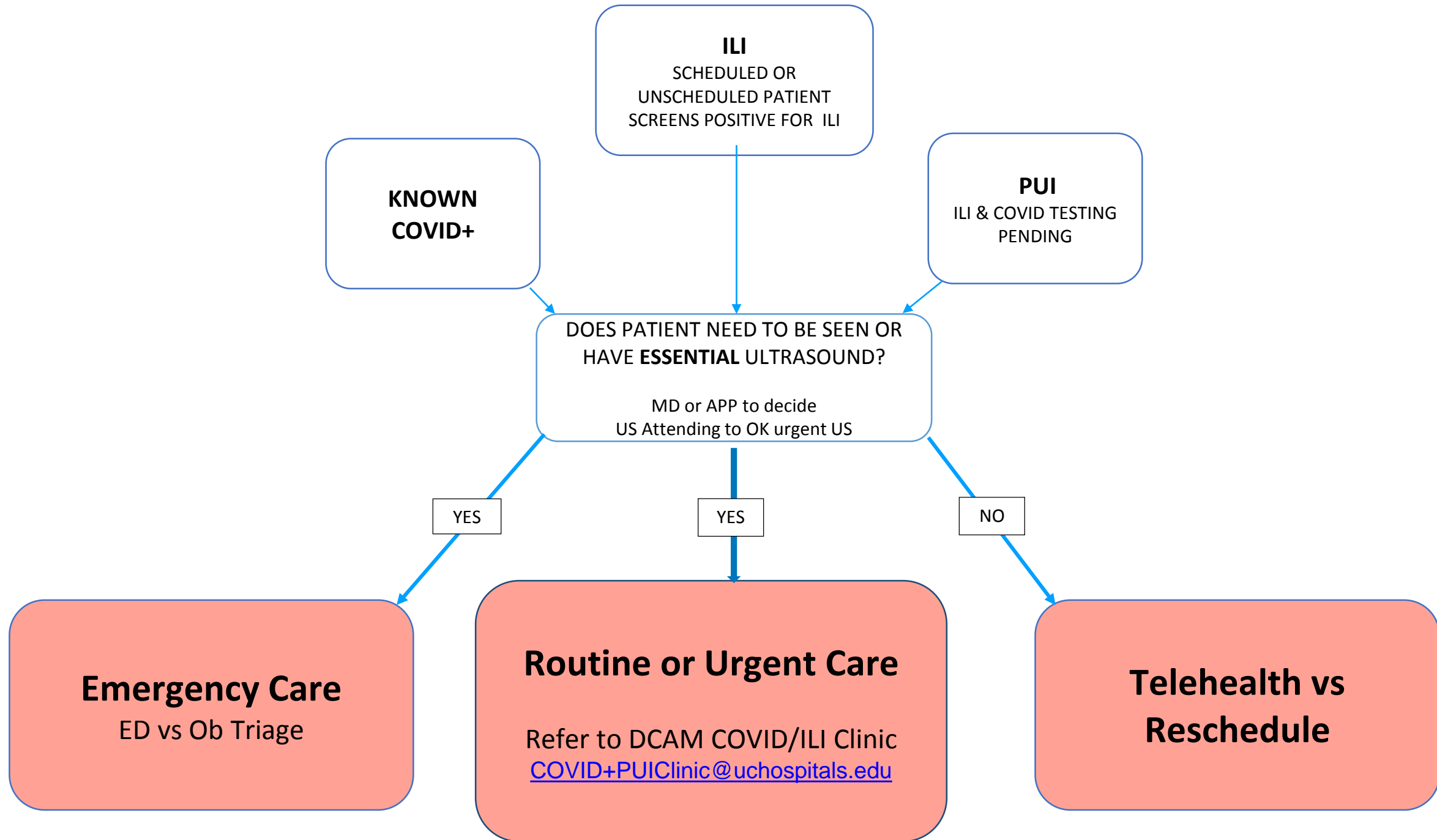


Outpatient Management of COVID+ /ILI/ PUI Patients



UCMC DEFINITION OF ILI SYMPTOMS:
COUGH, FEVER, SORE THROAT, BODY ACHES (MYALGIAS), DIARRHEA, RUNNY NOSE (RHINORRHEA), OR CONGESTION (SINUSITIS)

Outpatient Management of COVID+ /ILI/PUI Ob/Gyn Patients

When a COVID +/ILI/PUI patient needs in person evaluation, provider determines appropriate next step:

Routine Care

In the setting of a mild infection, management similar to that for a patient recovering from influenza
Treatment and monitoring of symptoms through telehealth- weekly x2w [algorithm]

If prenatal visit or provider discretion for gyn/gyn onc visit required- can be scheduled in DCAM 4 ILI Clinic

Pregnancy Consideration:

1T Exposure- Consider detailed anatomical survey when appropriate

3T Exposure- Consider screening growth ultrasound after COVID quarantine

Emergent Evaluation

Utilize UCMC COVID Patient Triage Algorithm

Routine indications for urgent evaluation in pregnancy will follow standard recommendations with location dependent on gestational age

ED <20w

- Severe vaginal bleeding, severe hypertension, poor diabetic control, etc.

Triage >20w

- Vaginal bleeding, rule out preeclampsia, labor, decreased fetal movement, etc

Urgent COVID Clinic Evaluation May Require US

US and clinical assessment in the same COVID clinic room

<20wga Indications

Provider discretion

PUL (ED or Urgent Contact by established patient)

1. BHCG and ABO/Rh with results (done in DCAM4 or ED)
2. Gyn team or primary provider gets OK from US attending.
3. US tech to page Gyn team to examine patient after US.

>20wga Indications

Clinic visit by ILI/COVID APP with specialist available remotely.

- ex. Hypertension in pregnancy
- Provider discretion

US Monitoring- High risk for fetal compromise

- Severe IUGR (<3%, abnormal UAD)
- Isoimmunization with high titers
- Preeclampsia outpatient
- Chronic HTN or Pre-gestational DM with poor control
- Complicated MCDA twins

COVID-19 Patient Triage Algorithm

Patient assessment via telephone or evisit

Green/Low Risk - Stay Home
 Asymptomatic¹
 OR
 ILI Symptoms² AND meets ALL of the below criteria:

- < 60 years old
- NOT a health care worker
- NOT living in close quarters (SNF, dorm, barracks)
- NO significant comorbidities³
- NOT immunocompromised
- NOT ESRD on dialysis
- NO red flag symptoms

Order Tamiflu (if symptoms started in past 48 hours)

No testing recommended.
 Provide patient education- isolate, call back if symptoms worsen

Yellow - Curbside Testing
 ☐ 18 years old with ILI Symptoms²
 AND
 No red flag symptoms
 AND
 Any of the following:

- ☐ 60 years old
- ☐ 1 significant comorbidity³
- Health care worker
- Living in close quarters (SNF, dorm, barracks)
- Immunocompromised
- ESRD on dialysis

Order Tamiflu

Curbside Testing

Orange - DCAM 4 Clinic
Clinical judgement that patient needs in-person evaluation but likely not admission
ILI Clinic:
 ☐ 18 years old with ILI Symptoms²
 AND No red flag symptoms
 AND any of the following:

- Minor SOB
- Needs IV fluids
- Personally feels they need to see a physician urgently

COVID Clinic:
 ☐ 18 years old and COVID+
 AND No red flag symptoms
 AND any of the following:

- Needs IV fluids
- Personally feels they need to see a physician urgently
- Needs specialty evaluation

DCAM 4 Clinic – staffed by generalist provider

Outpatient Evaluation (DCAM-4)
 Ob/Gyn Patients = Specialty evaluation
 GYN PA [p8142] to further communicate with referring providers
 Provider's team to submit request for Covid/ILI clinic appointment:
 Curbside Testing- e-visit or by calling 2-2800
 COVID Clinic 773.683.9324 or COVID+PUIClinic@uchospitals.edu

Red Flag/High Risk – ED
 Likely needs admission
 OR needs in-person evaluation and is older or has multiple significant comorbidities³
 OR presenting with ANY of these red flag symptoms:

- Significant SOB
- Trouble breathing
- Chest pain
- Wheezing
- Severe and/or constant abdominal pain
- Confusion
- Seizure/loss of consciousness
- Severe reduction in urine output (less than 2x per 24 hrs)
- Vomiting liquids

Send to ED if:
 1- <20wga Elevated risk
 2- >20wga, Elevated Risk AND no OB complaints

Call ED 2-6250 and Page OB resident #7560

Send to Ob Triage if:
 >20wga, Elevated Risk WITH Ob complaints
 >20wga Moderate Risk WITH Ob complaints

Call L&D Charge 5-5202 and Call L&D Board Room 2-6639

¹Asymptomatic AND close contact with a person who tested positive for COVID-19 (within 6 feet of the person for 5 or more minutes without wearing appropriate PPE) instruct the patient to quarantine for 14 days. **Asymptomatic UCM/ BSD health care workers** may continue to work with a mask per UCM policy

²**Influenza-like Illness(ILI) Symptoms**

- Fever
- Cough
- Sore throat
- Body aches
- Diarrhea
- Rhinorrhea
- Sinusitis

³**Significant Comorbidities**

- Chronic lung disease (asthma, COPD, CF)
- Cardiovascular disease (HTN, CHF, CAD, CHD)
- CKD
- Cancer
- Blood disorder (example: sickle cell anemia)
- Diabetes or other endocrine/metabolic disorder
- Neurologic disorder (epilepsy, stroke, cerebral palsy, muscular dystrophy, spinal cord injury)
- Liver disease
- Pregnancy (1st, 2nd, 3rd trimester) [32 weeks]
- HIV/AIDs or immunosuppressed

Outpatient Management of COVID+ /ILI/PUI Patients

DCAM4 COVID Clinic Evaluation

DCAM 4 ILI Clinic

Influenza Like Illness
No COVID testing

- APP Staffing Clinic
- Ob/Gyn Provider contacted to complete assessment remotely if patient is there for ob/gyn complaint.

Routine prenatal visits and Antenatal testing for ILI patients

PUI- Person Under Investigation
COVID Testing Pending

Goal= delay until testing results

Based on provider assessment

If patient needs to be seen, team to request appointment in DCAM4 Clinic
To be seen by ILI team with specialist available remotely during visit.

DCAM 4 COVID + Clinic

Requires in person assessment:
ANT, PNV, iron infusion, urgent early Ob or Gyn

Any urgent US in COVID + patients must be approved by DCAM US Attending
Call US Reading Room 773-834-4206

Clinic Workflow

Scheduling
- Team sends request to Gatekeeper PSR
COVID+PUIclinic@uchospitals.edu

APP Staff clinic
- To communicate with primary team regarding assessment
**Ob/Gyn resource:
GYN PA [p8142]**
- GYN PA can assess patient and/or communicate with referring provider

US Workflow

Scheduling
- Once Gatekeeper PSR receives email request they will schedule with OB/GYN US PSR assistance.
- All appointments are 60 minutes

COVID Clinic MA take vitals with all US visits

Sonographer
- Assigned to cover this clinic and ED US if needed

DCAM US Attending
- reads scan real time and communicates with GYN PA or referring provider. Patient to remain in room until team disposes patient.

Outpatient Management of COVID+/ILI/PUI Patients

What happens when our patient is arrives in DCAM 4

”Generalist” = APP/MD (PCG Internal Medicine staff)
“Specialist” = Department of Ob/Gyn providers
Patients are cohorted based on ILI/PUI or COVID+

<p>Provider role – generalist</p>	<ol style="list-style-type: none"> 1. Evaluate and treat patient 2. Consult with on-call specialist via phone or video, as needed <ol style="list-style-type: none"> a. Generalist initiates the call 3. Order entry <ol style="list-style-type: none"> a. If prescriptions were entered, patient needs to wait in designated location for meds to be delivered 4. Use current guidelines to test patient for COVID-19, as applicable 5. Disposition to home, direct admission or ED 6. Rapid documentation 	<ul style="list-style-type: none"> • Who follows up on tests? <ul style="list-style-type: none"> ○ Provider communicates with patient’s PCP/specialist about visit if they didn’t refer the patient? Any test results will go back to the ordering provider, in these cases will be provider in COVID clinic, who may not be the patients normal provider, but should not be an issue.
<p>Provider role – specialist (on site)</p>	<ol style="list-style-type: none"> 1. Specialist provider is notified by MA when patient has been roomed 2. Specialist receives call from Generalist 3. Specialist and Generalist use speaker phone to continue encounter with patient 4. Specialist and generalist agree on recommended actions and plan of care 	<ul style="list-style-type: none"> • What documentation is expected of the Specialist? Documentation should be on generalist, they would note call with specialist in the documentation. • Are there opportunities for billing for the Specialist? TBD

Assess Patient's Symptoms

Symptoms typically include fever $\geq 38^{\circ}\text{C}$ (100.4°F) or one or more of the following:

- Cough
- Difficulty breathing or shortness of breath
- Gastrointestinal symptoms

No

Routine Prenatal Care

Yes

Conduct Illness Severity Assessment

- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

Any Positive Answers

IF REFERRING PATIENT TO THE ED, INFORM THE ED 2-6250 AND THE OB RESIDENT ON CALL #7560

Elevated Risk

Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated.

Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility

Adhere to local infection control practices including personal protective equipment

Send to ED if:
1- $<20\text{wga}$ elevated risk
2- $>20\text{wga}$, Elevated Risk **AND** no OB complaints

Call ED 2-6250 and Page OB resident #7560

No Positive Answers

Assess Clinical and Social Risks

- Comorbidities (Hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, and people on immunosuppressive medications)
- Obstetric issues (eg, preterm labor)
- Inability to care for self or arrange follow-up if necessary

Any Positive Answers

DIRECT PATIENT TO FAMILY BIRTH CENTER TRIAGE ALERT CHARGE RN THAT PATIENT COMING IN 5-5202

Moderate Risk

See patient as soon as possible in an ambulatory setting with resources to determine severity of illness.

When possible, send patient to a setting where she can be isolated. Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG as clinically indicated.

Pregnant women (with abdominal shielding) should not be excluded from chest CT if clinically recommended.

Send to Ob Triage if:
 $>20\text{wga}$, Elevated Risk WITH Ob complaints
 $>20\text{wga}$ Moderate Risk WITH Ob complaints

Call L&D Charge 5-5202 and Call L&D Board Room 2-6639

No Positive Answers

Low Risk

- Refer patient for symptomatic care at home including hydration and rest
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions

If no respiratory compromise or complications and able to follow-up with care

If yes to respiratory compromise or complications

Admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure

Outpatient Evaluation (DCAM-4) if:
Moderate risk based on comorbidities
ILI + $>32\text{w}$ = testing
Provider's team to submit request for Covid/ILI clinic appointment

Curbside Testing
e-visit or by calling 2-2800
COVID Clinic
773.683.9324 or
COVID+PUIClinic@uchospitals.edu