Clinical Alignment Summary: COVID-19 Discharge Guidance

The purpose of this summary is to display how clinical guidance from different organizations is aligned in this topic area.

Prior to Discharge

- Identify the patient's psychosocial environment and post-discharge needs early in their hospital course. Engage with case management, other hospital disciplines/teams, and local departments of public health to create a safe discharge plan (1,2,3).
  - Decide if patient will require Isolation instructions or Test Based Strategy prior to discharge. Most patients will not require repeat COVID-19 testing (1). Refer to Isolation Precautions Summary.
  - Verify contact information for patient and primary community support person and adequate support and resources at home (3).
- Provide enough medication to last the duration of isolation period and two surgical masks (3).

Decision to Discharge

Symptomatic, uncomplicated patients should self-isolate at home until they meet all three criteria: (1,4,5)

- Fever resolved without antipyretic for 24 to 72 hours
- Improved respiratory symptoms
- At least 10-14 days have passed since first symptoms appeared (if asymptomatic, 10 days after 1st positive test)

- Repeat testing NOT required to achieve resolution of infection status (1,4).
- Two negative COVID-19 tests over 24 hours apart required for discharge (5).
- Infection control approval is required to resolve infection status/ isolation orders (5).

Safe Discharge Considerations

- Confirm patient can manage ADLs independently or with available home support (3)
- Ensure the patient has arrangements for safely obtaining medications, grocery shopping, and other necessary ADLs (3).
- Ensure home health needs (oxygen, thermometers, etc.) are met (1).
- Provide information/resources regarding the infectious risk patient poses to household contacts and others (1,3,4).

Establish a Discharge Plan

ALL PATIENTS

- If the patient has a PCP, follow-up with PCP via phone or telemedicine in 2-5 days. If no PCP follow-up may be facility specific. Some hospitals have established teams to follow up on patients (1). Instruct patient to inform PCP of COVID-19 status for care coordination needs (3).
- Ensure patient has a safe, private method of transportation to their discharge destination (3).

DISCHARGE TO PRIVATE RESIDENCE

- Contact local department of public health/ hospital infection control to determine safest feasible post-hospital discharge location (2).
- Establish return criteria and instructions in the case that symptoms return or worsen (1,2).

PATIENTS EXPERIENCING HOMELESSNESS

- Establish a discharge plan with case management (1,2).
- Consult infection control if placement is delayed or isolation is not feasible (1); Refer to Isolation Precautions Summary.
- Establish follow up communication (1).
- Establish return criteria and instructions in the case that symptoms return or worsen (1).

DISCHARGE TO INSTITUTIONAL SETTINGS

- Work closely with case manager to ensure proper placement (1).
- Determine the institution's ability to isolate patients and when necessary consult infection control and case management to take patient off precautions (1,2,4). Refer to Isolation Precautions Summary.

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GUIDELINE DOCUMENTS

1. Johns Hopkins Medicine Discharge Guidelines for COVID-19 Positive Patients Still on COVID-19 Isolation, *Updated 10/19/20*
2. UCSF Inpatient Adult COVID-19 Management Guidelines, *Updated 12/15/20*
3. University of Washington Discharge Home Checklist for Hospitalized Patients with COVID-19, *Updated 8/3/20*
4. Johns Hopkins Medicine Isolation Precaution Discontinuation and Re-testing Guidance Updated 11/17/20
5. Massachusetts General Hospital Criteria for Resolution of COVID-19 Infection Status and Discontinuation of Isolation, *Updated 6/22/20*

Special Considerations for Vulnerable Populations

COMPLICATED PATIENTS[1]

Complicated patients may shed COVID-19 for longer periods of time. After 20 or more days since the first positive COVID-19 test, complicated patients who have no new symptoms suggestive of COVID-19 infection, but who require in-person visits/procedures/tests that cannot be performed through telemedicine or home care can be seen in regular clinic space under the same precautions as non-COVID-19-infected patients. Communicate with specialists to clarify post-discharge care (1).

AMBULATORY DIALYSIS

Patients requiring ambulatory hemodialysis may be able to attend COVID-19 positive dialysis centers. If not, consider the **Test Based Strategy** to establish resolution of symptoms (1).

*[1] Patients who required ICU care during their hospitalization, are severely **immunocompromised** [2] or are pregnant or less than 2 weeks post-partum. Patients who do not meet these criteria are considered uncomplicated patient cases.*

[2] The degree of immunocompromise for the patient is ultimately determined by the treating provider. Conditions include but are not limited to active chemotherapy, active hematologic malignancy, solid organ or bone marrow transplant recipient, untreated HIV infection with CD4 T lymphocyte count < 200, primary or acquired severe immunodeficiency disorder, treatment with high-dose prednisone or the equivalent, or treatment with other immunocompromising agents.

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