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, if needed, to create a safe discharge plan (1, 2, 3).
- Decide if patient will require Isolation instructions or Test Based Strategy prior to discharge (1, 2). 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

**Patients should self-isolate at home until they meet all three criteria:** (4,5)

1. Fever resolved without antipyretic for at least 3 days
2. Improved respiratory symptoms
3. At least 7 days have passed since first symptoms appeared

- Repeat testing NOT required to achieve resolution of infection status (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).

### 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 (2,3).

**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**

- Coordinate with case management to establish a discharge plan (1, 2).
- Consider the Test Based Strategy 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 appropriate placement (1).
- Determine the institution’s ability to isolate patients and when necessary complete Test Based Strategy to take patient off precautions (1). Refer to Isolation Precautions Summary.
## Special Considerations for Vulnerable Populations

### IMMUNOCOMPROMISED
- Immunocompromised patients may shed virus longer than other patients. Consider the Test Based Strategy to establish resolution of disease if patients need future ambulatory or other medical care (1). Refer to Isolation Precautions Summary.
- Communicate with specialists to clarify post-discharge care (2).

### 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, 2).

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**SOURCES**

1. Last updated 4/15/20 JHH Discharge Guidelines for COVID Positive Patients Still on COVID Isolation
2. Last updated 6/05/20 UCSF Inpatient Adult COVID-19 Interim Management Guidelines
3. Last updated 4/01/20 UW Checklist for Patients with Confirmed COVID-19 Infection Discharging Home
5. Last updated 03/24/20 MGH Criteria for Resolution of COVID-19 Infection Status and Discontinuation of Isolation

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