

**Hospital: Bingham**

**Presenter:  Wade Flowers**

Question/case summary:

I hope this will be a rhetorical question for us - BUT, if we find ourselves in a position where all regional hospital beds are full, and we have symptomatic COVID-19 pts that have been triaged for palliative care at home, are there any protocols that are being used to mitigate COVID-19 progression ... ie. medications, monitoring parameters, etc, via telehealth? For example, are there medication protocols ... O2 Sat, BP, HR, RR, Temperature, LOC assessments, etc ... that can be reviewed daily (or BID, or more) with COVID patients? Would you provide O2 sat monitors ... Fitbit-type devices that monitor vital signs? ... or in a less dire situation with subcritical COVID patients?

UW TASP Recommendations:

For patients with COVID-19 determined to be appropriate for home management with telehealth follow-up, the frequency of telehealth visits is determined by their risk for severe disease, severity of respiratory symptoms, and our comfort level with their ability to self-report worsening symptoms.

For most patients, telehealth visits are scheduled on days 4, 7, and 10 (following the onset of clinical illness). However, for patients in whom we have the highest level of concern, we generally schedule the first follow-up telehealth visit within 24 hours. These include:

* Patients aged ≥65 years who have one or more established or possible risk factors for severe disease ([table 1](https://www-uptodate-com.offcampus.lib.washington.edu/contents/image?imageKey=ID%2F127477&topicKey=PC%2F127759&search=covid+symptoms&rank=10%7E150&source=see_link))
* Any patient with moderate dyspnea at the time of initial evaluation
* Patients who would be possible candidates for inpatient admission but are being managed at home due to limited hospital resources and capacity
* Patients who we feel may not reliably report a deterioration in symptoms

For these patients, the frequency of subsequent telehealth visits can be reduced to every other day if the patient remains clinically stable.

If a patient with COVID-19 has access to a reliable pulse oximeter at home, and can adequately measure and report the results to the clinician, measurement of oxygen saturation can be used as an additional piece of information to assess their clinical status. Patients are advised to use their pulse oximeter on warm fingers, as readings obtained on cold digits may not be as accurate. In the outpatient setting, we instruct patients to check their oximetry twice daily and inform us if the value drops below 95 percent.

* For any patient with an oxygen saturation of ≤94 percent on room air, in-person evaluation is warranted. (See ['In-person evaluation for moderate/severe dyspnea, hypoxia, and concern for higher acuity level'](https://www-uptodate-com.offcampus.lib.washington.edu/contents/coronavirus-disease-2019-covid-19-outpatient-evaluation-and-management-in-adults?search=covid%20outpatient%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H805890178) below.)
* For patients who have an oxygen saturation of ≥95 percent on room air, the decision on in-person evaluation depends on other clinical features such as severity of dyspnea, risk for severe disease, and assessment of overall acuity. (See ['Determine if in-person evaluation warranted'](https://www-uptodate-com.offcampus.lib.washington.edu/contents/coronavirus-disease-2019-covid-19-outpatient-evaluation-and-management-in-adults?search=covid%20outpatient%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H2942935602) below.)

Refer patients with **one or more** of the following features to the ED for further management and likely hospital admission:

* Severe dyspnea (dyspnea at rest, and interfering with the ability to speak in complete sentences) (see ['Dyspnea assessment'](https://www-uptodate-com.offcampus.lib.washington.edu/contents/coronavirus-disease-2019-covid-19-outpatient-evaluation-and-management-in-adults?search=covid%20outpatient%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H3880176950) above)
* Oxygen saturation on room air of ≤90 percent, regardless of severity of dyspnea (see ['Oxygenation assessment'](https://www-uptodate-com.offcampus.lib.washington.edu/contents/coronavirus-disease-2019-covid-19-outpatient-evaluation-and-management-in-adults?search=covid%20outpatient%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H3784056382) above)
* Concerning alterations in mentation (eg, confusion, change in behavior, difficulty in rousing) or other signs and symptoms of hypoperfusion or hypoxia (eg, falls, hypotension, cyanosis, anuria, chest pain suggestive of acute coronary syndrome) (see ['Assessment of overall acuity level'](https://www-uptodate-com.offcampus.lib.washington.edu/contents/coronavirus-disease-2019-covid-19-outpatient-evaluation-and-management-in-adults?search=covid%20outpatient%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H2200422604) above)

References:

# Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)

https://www-cdc-gov.offcampus.lib.washington.edu/coronavirus/2019-ncov/hcp/guidance-home-care.html

**Coronavirus disease 2019 (COVID-19): Outpatient evaluation and management in adults**

Up to Date

On behalf of the UW TASP Specialist Team:

*John Lynch, MD MPH*

*Jeannie Chan, PharmD*

*Zahra Kassamali Escobar, PharmD*

*Rupali Jain, PharmD*

*Mandana Naderi, PharmD*

*Paul Pottinger, MD FIDSA*

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