Purpose

Patients who are COVID-19+ or Persons Under Investigation for COVID-19 (PUIs) may require outpatient services during their recovery from the disease. Outpatient Departments and Ambulatory providers can use the guidance below to manage their care in the outpatient setting.

Provider Guidance: Ambulatory Symptom-Based Strategy (post-COVID-19 presumed episode)

Is the patient symptomatic today? Screen for COVID-19 (see screening questions)

Yes, screens positive

Check temperature – If negative for fever:
- Use Standard Precautions or Transmission-Based Precautions as Required based upon Surge and terminal clean post visit

If febrile

No, denies any symptoms

Has patient ever been tested for COVID-19?

Yes, test was positive

A minimum of 14 days* since test date and symptoms have abated?

No, send for testing

Yes

Has the patient been tested for COVID-19?

Yes, test confirmed positive

Use Televisit or Treat as PUI

No, send for testing

No, patient has never been tested or test was previously negative

Check temperature – If negative for fever:
- Use Standard Precautions or Transmission-Based Precautions as Required based upon Surge and terminal clean post visit

*The onset and duration of viral shedding and the period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infections with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present.

Screening for symptoms:
- Take the Patient’s Temperature
- Fever > 100
- Chills
- Difficulty breathing
- Fatigue/confusion
- Coughing
- Myalgia
- Diaphoresis
- Headache
- Loss of sense of taste or smell

Patient/provider determines there is a skilled need requiring provider oversight