Guidelines for Admission with Possible COVID-19

**Consider for ADMISSION**
- **Patients who are “clinically ill” with a community-acquired pneumonia**
- For ICU admission:
  - AMS
  - Shock
  - Significant hypoxia despite supplemental O2; need for NIPPV/mechanical ventilation
- For Floor admission:
  - CURB-65 ≥3
  - Multiple, active disease processes or advanced underlying disease
  - Consider: patient’s home situation and ability to obtain outpatient follow-up

**Consider for OUTPATIENT MANAGEMENT**
- **Patients with a clear alternative process** that explains fever without respiratory symptoms (UTI, cellulitis, etc.)
- **For patients with fever and respiratory symptoms:**
  - With or without pulmonary infiltrates
  - Maintain walking SpO2 ≥95%
  - CURB-65 <3
  - Age is NOT an absolute factor for admission
  - Immunosuppression type matters – *d/w ID at time of call*
  - Pregnant patients – *d/w Obstetrics*
- **Other considerations:**
  - Limited role for imaging in admission decision
    - Use CXR (not CT) to establish bilateral infiltrates
    - At issue: resource/staff conservation, contamination of CT scanner with high potential for transmission
  - Weekly reviews of criteria and resources
  - Public health concerns – *d/w Case Management, DOH*
  - Capacity/decision-making – *d/w Ethics, Risk Management*