CoVID-19 Inpatient Care Algorithm

The following algorithm is based on guidance from the CDC, infectious disease physicians at GW, and with the support of the chief residents, APDs, PDs, CMO of GW Hospital, and others.

It was last updated 3/15/2020.
If CoVID-19 suspected on admission...

All patients are being screened via phone and in-person contact through the ER and patient logistics center if they are a transfer.
MAO texted by ED for CoVID-19 rule out

MAO alerts the admitting resident (if not themselves) AND either on-call hospitalist or blue team attending

1 housestaff provider ("designated provider") is identified to see the patient (i.e. NOT resident and intern). It is preferred that this provider sees the patient with attending if possible.

Designated provider puts on appropriate PPE (gown, gloves, N95 + faceshield or PAPR)*

Designated provider introduces themselves to the patient and states that they will do a brief and focused exam and exits to ask further questions over the phone** (goal < 5 min in the room). Wipe isolation room stethoscope down with alcohol swap prior to and after use.

Designated provider exits the room, correctly removes PPE, washes hands > 20 sec with alcohol-based hand sanitizer or soap/water.

Provider calls patient’s phone (personal phone or room phone***)

Designated provider completes admission H&P. Admit to Telemetry and order continuous pulse oximetry.

* If PPE is unavailable, contact the Charge RN, floor manager, or HOS.
You should NOT see any of these patients without appropriate PPE, even in seemingly emergent circumstances.

** If NO Phone option available advise maintaining a distance of 3-6 feet while conducting rest of H&P

**- You can call the unit secretary or hospital operator for the patient’s room number and get connected. The number is also listed on the dry erase board in the room.
If CoVID-19 suspected later in hospital course...

i.e. someone who screened negative on admission just said something/did something/had a test which makes me suddenly concerned for CoVID-19
During ongoing patient care, housestaff or APP becomes reasonably concerned that the patient could have CoVID-19.

Provider exits the room as soon as possible, washes hands using alcohol-based hand sanitizer or via soap and water for > 20 sec.

Provider alerts attending physician of their concern and possible exposure.

Deemed that there was an exposure (also if provider contacted later on that they had an exposure to a patient who tested positive for CoVID-19) – CONTINUE TO NEXT PAGE

Attending physician and housestaff/APP discuss case-specific details to determine the level of concern for the possible exposure.

Deemed no true exposure.
Deemed that there was an exposure (also if provider contacted later on that they had an exposure to a patient who tested positive for CoVID-19)

Infection prevention and Program Director assess individual risk-level based on CDC guidelines

Low Risk
- Continue to work and self-monitor.

Medium/High Risk
- Self-monitor at home for 14 days
- Asymptomatic
  - Return to work after Employee Health Clearance (with provider note)
- Symptomatic at any time
  - 7:30AM-4PM: Contact Employee Health at 202-715-4275
  - All other hours: Contact command center at 202-715-4242
  - Contact Program Director and/or chief resident(s)
Guidance for Attendings

- **Attending has CoVID-19 concern**
- **Contact Charge Nurse, Order ‘Special Contact’ and ‘Airborne’ isolation**
- **RN to follow nursing CoVID-19 process**
- **Obtain respiratory PCR + Consider consulting ID**

- **Infection Prevention/Control will inform DOH**
- **HOS to contact Infection Prevention/Control via TigerConnect and email patient information to lpdept@gwu-hospital.com**
- **If you have continued concern, contact HOS on TigerConnect**

- **Infection Prevention/Control will contact the Attending regarding the testing**
Care on subsequent hospital days...

While the person is being isolated either for pending testing or if POSITIVE for CoVID-19
DO NOT PRE-ROUND on these patients! Obtain all information via Cerner, discussion with bedside RN, phone call with patient in the morning from outside the room.

On rounds, Attending physician and 1 designated provider (AT THE MOST) will don PPE and enter the room together. Wipe isolation room stethoscope down with alcohol swap prior to and after use.

Attending +/- designated provider introduce themselves to the patient and complete exam. They exit the room, correctly remove PPE, and wash hands. They ask remaining questions over the phone (goal < 5 min in the room).
If covering provider is asked to evaluate this patient...

This could be the primary team outside of rounds, overnight team, or a cross-covering team, etc.
Housestaff/AP provider asked to see or evaluate a patient with suspected or confirmed CoVID-19

Come to the area outside the patient’s room and call them on their personal or room phone to triage

Does the patient need to be examined?

Yes

Housestaff/AP provider dons appropriate PPE and enters room for brief exam. Wipe isolation stethoscope with alcohol swab before and after use. Provider exits room, correctly removes PPE, and washes hands > 20 sec. Remaining questions over the phone. Attending of record is notified, and SBAR note is completed.

 REGARDLESS OF PRIOR PROTOCOLS OR PERCEIVED NEED FOR DOCUMENTATION, ANYTIME SOMEONE ENTERS A ROOM FOR THESE PATIENTS, A NOTE MUST BE COMPLETED.

No

Patient’s questions/concerns addressed via phone, day team to further address in the morning by attending +/- designated provider

No
At discharge...
CoVID-19 Results

Positive/Pending Results

Patient remains isolated during their hospital stay, is discharged to continue self-quarantine to complete 14 days*. Can discuss transport with SW/CM**.

See Next Slide for further guidance

Negative

Patient is de-isolated. Remainder of diagnostic workup and care by normal protocols.

* - 14 days may not be enough time, so use your judgement for longer as needed. Additionally, please take into account that patients will not be able to go to SAR/SNF/LTACH/LTC and may not be able to be seen by HHA, home PT/OT, even family caregivers once at home. Current guidance on this is not yet clear. It is likely that patients will need to swab negative before participation in any of the above.

** - AMR ambulances have been designated by the city to assist with transportation of CoVID-19 patients.
Discharge Guidance

• Ensure the patient has a safe location and resources to allow for self quarantine
• Ensure working contact information for the patient to call and notify of pending test results
• Sample Discharge instructions are posted separately on the intranet
• There is currently no guidance from the CDC to guide transportation at the time of discharge but consider the following
  • Mask the patient at time of discharge
  • Private transportation is preferred
  • AMR is available to transport patients who need BLS transport
  • Avoid public transportation, Uber, Lyft or Cabs
• The following are the current resources and guidance available from the CDC
What does quarantine look like?

• You being at home or somewhere else where you are not exposing others...
  • Check your temperature twice/day and let the Admin Chief (role on TT) know if you have a fever (defined as >100.0 F per CDC)
    • Thermometers to be supplied to you as quantities allow
  • Also let Admin Chief know if you develop any symptoms that concern you

• DO NOT LEAVE your home or other safe place. You are being quarantined to prevent potential spread to others. Please isolate yourself.

• Please visit this website for more info:

• How long does it last?
  • If deemed exposed:
    • Until the patient is negative
    • If the patient is positive → for 14 days with return-to-work clearance through employee health. Possibly earlier if swabbed personally and found to be negative (will be discussed on an individual basis)

  • It is safe to finish the shift you are currently working if you are deemed exposed
Other helpful resources:

- PPE donning/doffing correctly
  - https://www.youtube.com/watch?v=bG6zISnenPg

- Healthcare provider exposure guidance

- Travel related quarantines guidance
  - GW reserves the right to ask an employee to stay home from work if deemed that the potential risks to patients or other healthcare workers is high enough to warrant it. (This applies even if your travel location is not on the list of level 2 or 3 countries, per the CDC or WHO.)