

Provider COVID-19 Triage, Evaluation, and Disposition Algorithm

Based on review from MidMichigan Physicians Group Clinical Leadership and 3/17/2020 updates from State of Michigan Health Department home monitoring guidelines. Providers should consider using this 5 step approach, assessing the patient's presenting symptoms, underlying health risk status, potential COVID exposure risk, Health Department indications for testing, and patient disposition.

Severity of Symptoms	<p>Fever, cough, shortness of breath, other.</p> <ul style="list-style-type: none"> • Severe symptoms by themselves may warrant evaluation at emergency department for possible admission (e.g. severe dyspnea, mental status changes, hemodynamic instability, etc.) • Moderate severity symptoms or other factors (e.g. prolonged fever beyond 5 days) may warrant an in-office evaluation with PCP or urgent care to evaluate for possible etiologies and to further risk stratify • Mild symptoms, or those of short duration, may be sufficiently treated at home with observation and OTC remedies
Risk Level	<ul style="list-style-type: none"> • High risk patients may include those age >60, immunocompromised, concerning comorbidities (e.g. diabetes, chronic lung disease) • Low risk patients may include those < age 60, otherwise healthy
Exposure Risk	<ul style="list-style-type: none"> • High risk exposure may include travel to recent international site with high COVID penetrance, or domestic sites with high COVID penetrance, or close contact with a confirmed COVID patient • Low risk exposure may include brief exposures to patients with possible COVID (e.g. being in same building as patient with confirmed COVID, living in same city as patients with confirmed COVID cases)
Testing Indications	<p>Review indications for testing based on 3/17/2020 State of Michigan Health Department</p> <p>High Risk Testing indicated for the following:</p> <ul style="list-style-type: none"> • Individuals presenting with signs/symptoms of COVID AND are identified as a known contact of a confirmed case and are NOT members of the same household (close household contacts should be assumed to convert positive and be treated as such) • Individuals who become symptomatic while being in a 14-day monitoring and quarantine period (for example, those under quarantine after traveling to a high endemic country or cruise ship) • Symptomatic individuals who are part of a public health investigation of a cluster of illness associated with a vulnerable population (e.g. nursing home patients) • Symptomatic individuals who may be more likely to infect many other people (e.g. healthcare workers, individuals living in congregate settings like camps, dorms, long term care facilities) • Individuals with severe illness requiring hospitalization, or mortality with no other identified cause <p>Low Risk Testing indicated for the following:</p> <ul style="list-style-type: none"> • At provider's discretion based on clinical judgment (IMPORTANT UPDATE: AS OF 3/18/2020 THE STATE HEALTH DEPT IS RECOMMENDING TESTING ONLY FOR PATIENTS MEETING THE HIGH RISK TESTING CRITERIA ABOVE)

Provider COVID-19 Triage, Evaluation, and Disposition Algorithm

Based on review from MidMichigan Physicians Group Clinical Leadership and 3/17/2020 updates from State of Michigan Health Department home monitoring guidelines. Providers should consider using this 5 step approach, assessing the patient's presenting symptoms, underlying health risk status, potential COVID exposure risk, Health Department indications for testing, and patient disposition.

Disposition Decision Making

1. **Advise patient present to ER for urgent evaluation** based on likelihood the patient is severely ill and may require admission
2. **Advise patient present to their PCP or urgent care** for an in-office evaluation based on the likelihood that patient has underlying risks, comorbidities, other factors leading to a differential diagnosis (not COVID related) that needs to be investigated with a more thorough clinical evaluation, physical exam, and further diagnostic testing in a clinic setting
3. **Advise patient stay at home** under self-observation using a “No Test Strategy” if there is concern for COVID
Review current guidelines on discontinuation of home isolation for persons with confirmed COVID or possible COVID
“No Test Strategy” for persons with possible COVID: If NO TEST was done, patient may discontinue home isolation when 7 days have passed since symptom onset AND at least 3 days (72 hours) have passed since the last fever (without use of antipyretics) **AND** there has been improvement in symptoms (e.g. cough, shortness of breath)
4. **Advise patient BE TESTED at local testing center** (or ER or urgent care if no other testing option available).
See indications for testing on page 1 from the 3/17/2020 update from the State of Michigan Health Department.
 - A. Patients with CONFIRMED COVID-19 based on testing **AND HAVE SYMPTOMS** can be released from home isolation when:
 - a. Resolution of fever without antipyretics AND
 - b. Improvement in respiratory symptoms AND
 - c. Negative results of a FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swabs separated by >24 hours (total of two negative specimens)
 1. Disclaimer: As of 3/17/2020 it is presumed that positive COVID patients managed at home will also be monitored by the local Health Department and MPG providers will collaborate with the Health Department on release of home isolation
 - B. Patients with CONFIRMED COVID-19 based on testing who have **NOT HAD ANY SYMPTOMS** may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness
5. **Schedule a follow up video visit or phone call with a RN Care Manager**
Consider this option for patients with vague symptoms or an ill-defined clinical presentation based on the initial video visit. Cautious/conservative home monitoring could be considered in these cases when a “tincture of time” may better elucidate the clinical progress, or if a conservative “no test” strategy is utilized.
Recognize that many patients with anxiety or fear may benefit from periodic video visit follow up or RN phone Follow-Up to monitor their progress.