Guide for follow-up care after initial COVID19 assessment  
(All patients told to call if symptoms worsen at any time; given handouts if possible, else verbal review and teach back)

At Home Symptom Assessment (nurse outreach call or telehealth visit)

<table>
<thead>
<tr>
<th>Severity of Sx</th>
<th>Clinical Assessment</th>
<th>Patient self-monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Cough and no shortness of breath (SOB)</td>
<td>Any need to take a breath mid-sentence, Short of breath with 1 Flight of stairs, Any chest pain; Pulse ox &lt; 95% actual or decrease from baseline, Coughing blood. Using inhaler with no benefit</td>
</tr>
<tr>
<td></td>
<td>In patient with chronic cough, cough worse and no shortness of breath</td>
<td>Increasing cough, shortness of breath or difficulty breathing; or chest pain; coughing blood</td>
</tr>
<tr>
<td>Moderate</td>
<td>Mild shortness of breath - aware of breathing but comfortable, Able to complete a sentence without stopping to breath, Able to climb a flight of stairs without losing breath; --&gt; If normally out of breath climbing a flight of stairs, this is worse.</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>Any need to take a breath mid-sentence, Short of breath with 1 Flight of stairs, Any chest pain; Pulse ox &lt; 95% actual or decrease from baseline, Coughing blood. Using inhaler with no benefit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How is your breathing?</th>
<th>Mild shortness of breath - aware of breathing but comfortable, Able to complete a sentence without stopping to breath, Able to climb a flight of stairs without losing breath; --&gt; If normally out of breath climbing a flight of stairs, this is worse.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Increasing cough, shortness of breath or difficulty breathing; or chest pain; coughing blood</td>
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</table>

<table>
<thead>
<tr>
<th>How is your temperature?</th>
<th>&lt;100.4F</th>
<th>100.4F - 102.5F but responding to fever medicine</th>
<th>&gt;102.5F or 100.4F - 102.5F and not responsive to antipyretics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drinking liquids, urinating every 4-6 hours, has tears, vomiting or diarrhea mild or improving</td>
<td>Decreased fluid intake (&lt;50% usual), urinating at least 3 times daily, has tears, moderate vomiting or diarrhea</td>
<td>Decreased urine output, dry mouth, lightheaded on standing, unable to keep fluids down</td>
</tr>
<tr>
<td></td>
<td>Temp &gt; 102.5F or Unable to control with fever medicine</td>
<td>Worsening vomiting and diarrhea, dark urine, decrease urine output, dry mouth or dizziness</td>
<td></td>
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<tr>
<th>How is your intake of liquids?</th>
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<th>Decreased urine output, dry mouth, lightheaded on standing, unable to keep fluids down</th>
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</thead>
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<tr>
<td></td>
<td>Function: normal ADLs: performed without change in level of assistance from baseline</td>
<td>Function: mildly reduced but managing safely ADLs: needs some increased assistance from baseline</td>
<td>Function: severely reduced ADLs: Needs significantly increased assistance from baseline Fall - sustained</td>
</tr>
<tr>
<td></td>
<td>Struggling to manage daily tasks or have a fall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Confusion?</th>
<th>NO</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Any confusion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you had a change in your mobility or a fall?</th>
<th>Monitor at home</th>
<th>Evaluation in ILI/resp clinic (moderate resp symptoms)</th>
<th>Send to ED or urgent physician evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function: normal ADLs: performed without change in level of assistance from baseline</td>
<td>Moderate fever or dehydration</td>
<td>Any symptoms are worsening call, or if severe go to ED</td>
<td></td>
</tr>
<tr>
<td>Fall - sustained</td>
<td>Struggling to manage daily tasks or have a fall</td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Initial Disposition based on highest severity</th>
<th>Monitor at home (see outreach frequency guide for interval)</th>
<th>Evaluation in ILI/resp clinic (moderate resp symptoms)</th>
<th>Send to ED or urgent physician evaluation</th>
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<td>Function: normal ADLs: performed without change in level of assistance from baseline</td>
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1. Have a lower threshold for evaluation in patients with risk factors for severe disease. 
2. Clinical judgment should be used to adjust disposition based on day of illness and overall course of illness (see outreach frequency guide) 
3. Pay particular attention to how many days since the onset of symptoms; rapid clinical worsening most frequently occurs at days 5 to 12 or later. 
4. Consider criteria for testing from DPH as well in your decision. 
5. Any questions about symptom severity, should be run by a clinician urgently; if moderate v. severe unclear, this should be done in realtime. The clinician can then help facilitate communication with patient and ED.

**Notes**

**WHEN GOING TO EMERGENCY DEPARTMENT (or other healthcare facility) –**

a. patient should use PRIVATE transportation (not Uber/Lyft, MBTA) if stable, call 911 if not, AND
b. tell the first healthcare worker they see that they may have COVID19, AND

c. wear a mask if possible

Clinical Staff: Please call ED Access Nurse to alert of patient’s impending arrival (insert local ED numbers)
Outreach Frequency Guide for follow up on COVID19 patients (known or suspected)

Risk for severe disease: Based upon available information to date, those at high risk for severe illness from COVID-19 include:
- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS (CD4<200), and prolonged use of corticosteroids and other immune weakening medications.
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes

Use table below to determine follow up interval and action based on 1) Symptom Severity, 2) Clinical Course and 3) Risk for severe COVID disease

Use table below to determine follow up interval and action based on 1) Symptom Severity, 2) Clinical Course and 3) Risk for severe COVID disease

<table>
<thead>
<tr>
<th>Symptom Severity</th>
<th>Clinical Course</th>
<th>Risk factors present</th>
<th>No Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate (respiratory)</td>
<td>---</td>
<td>ED¹</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>worsened</td>
<td>ED¹</td>
<td>Ili or (ED or 1d FU)</td>
</tr>
<tr>
<td></td>
<td>same</td>
<td>1d FU or ILI eval.</td>
<td>1-2d FU or ILI eval.</td>
</tr>
<tr>
<td></td>
<td>improving</td>
<td>1-2d FU</td>
<td>1-2d FU</td>
</tr>
<tr>
<td>Moderate (fever/hydration)</td>
<td>---</td>
<td>ED¹</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>worsened</td>
<td>1d FU or ILI eval.</td>
<td>1-2d FU or ILI eval.</td>
</tr>
<tr>
<td>Mild (respiratory)</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>same</td>
<td>2d FU or ILI eval.</td>
<td>None* or (3d FU or graduate)¹</td>
</tr>
<tr>
<td></td>
<td>improving</td>
<td>2d FU or graduate</td>
<td>None* or (3d FU or graduate)¹</td>
</tr>
<tr>
<td>Mild (fever/hydration)</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>3d FU or graduate</td>
<td>None* or (3d FU or graduate)¹</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>---</td>
<td>---</td>
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¹Clinical judgment should be used to adjust interval based on day of illness and overall course of illness:
- Day of illness 6-12 use caution consider shorter FU interval;
- **In elders severe illness may be atypical or appear mild; Monitor VERY closely - low threshold to bring in for evaluation
- Improving symptoms: could use longer end of FU interval.
- **Unchanged symptoms: patient might need FU visit or shorter FU interval
- Worsening symptoms: shorten FU interval and consider evaluation ILI clinic or ED

**Consider graduation from clinical FU calls in this group if:**
1) patient is beyond 14 days of illness AND
2) meets criteria to end isolation (see below)

**Consider graduation in this group if meets criteria to end isolation (see below)

CDC - Symptom-based strategy to end isolation

At least 3 days (72 hours) have passed since recovery¹, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
At least 10 days have passed since symptoms first appeared²


*Additional Clarification - Recovery means:
1) off fever-reducing medications for at least >72h AND no fever during ANY of that time; AND
2) improvement in respiratory symptoms (meaning symptoms are resolved or in a person with chronic respiratory symptoms back to baseline)

Additional guidance for Immunocompromised persons:
2) Also check in with local ID specialists on follow up

Summary of Criteria for Return to Usual Activities: Graduation from FU Care Calls, Release from Isolation and Return to work

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Graduation from Clinical follow up</th>
<th>Release from Isolation</th>
<th>Return to work¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected COVID19</td>
<td>PCP site team (using guide above)</td>
<td>PCP releases using CDC guidelines symptom-based strategy (see above)</td>
<td>PCP works with patient’s employer to clear for safe return to work</td>
</tr>
</tbody>
</table>

Test Positive COVID19

PCP site team (using guide above)

Local Board of Health (LBOH) and only LBOH can release patient from isolation to the community

(patient may request a letter for documentation if they wish, but letter is not otherwise given)

Has Occupational/Employee Health: OCC Health must approve “return to work” and works with PCP as needed.

Has NO Occupational/Employee Health: after release by LBOH (letter²)

PCP works with patient’s employer to clear for safe return to work

Consideration for return to work should occur AFTER person is released by the LBOH

²If PCP needs confirmation of release by LBOH then ask the patient to send it to you, if they have not been given one they should call their LBOH and request it.

Exception: In some cases Occupational Health Departments may have authority to bring people back to work prior to LBOH ending isolation (e.g Health Care Workers when there is resource shortage). For example, Occupational Health Departments in the City of Boston have the authority to permit employees to return to work prior to BPHC releasing patient from isolation. Patient would still need to self-isolate from everyone during non-working hours until released by LBOH

Back up process:
If patient has not heard from BPHC/LBOH by 14 days after the test, ask them to notify PCP. (individual patients should not be told to call the LBOH)

PCP/HC should contact the LBOH to check in regarding that patient and make sure that the patient is in the system and that the LBOH has the correct phone number. Please verify the city the patient lives in to make sure you call the correct LBOH
### Contributors

**Core Team**

**Leads:**  
Charles Telfer Williams, MD  
Williams G. Adams, MD

**Specialty**  
Family Medicine  
Pediatrics

**ID consultation**  
Natasha Hochberg, MD, MPH  
Benjamin P. Linas, MD  
Jai Marathe, MD, MS  
Sabrina Assoumou, MD, MPH  
**Specialty**  
Infectious Disease

**CHC contributors**  
Ian Huntington, MD  
Julita Mir, MD  
Karen Sweeney Chun, PA-C MPH  
**Specialty**  
Internal Medicine  
Infectious Disease  
Family Medicine

**Reviewers**

**CHCs**  
Stephen Simon, MD  
Thomas J Shuch, MD, MPH  
Jeniifer Trieu, MD  
**Specialty**  
Internal Medicine  
Pediatrics  
Family Medicine

**BMC**  
Jason Worcester, MD  
Eileen Costello, MD  
Yian Xiao, MD  
**Specialty**  
Internal Medicine  
Pediatrics  
Internal Medicine

**ID**  
Rachel Epstein, MD  
Elizabeth Barnett, MD  
**Specialty**  
Infectious Disease  
Pediatrics ID