

Adult Ambulatory COVID-19 & Influenza Clinical Algorithm

These generic, basic, and non-institution-specific guidelines do not replace good clinical judgment, but rather serve to inform clinicians across a broad spectrum of training and risk stratify patients with this illness. This information is not a substitute for the practice of medicine nor for the provision of any medical professional services.

For additional guidance visit <https://covidprotocols.org/> or <https://covid19treatmentguidelines.nih.gov/>.

Definitions

<p>COVID-19 Symptoms (% frequency)</p> <p><i>Incubation up to 14 days post exposure (median = 5–6 days)</i></p>	<ul style="list-style-type: none"> • Cough (50%) • Fever (43%) • Myalgias (36%) • Dyspnea (new or worsening over baseline) (29%) • Headache (34%) • Sore throat (20%) • Diarrhea (19%) • Nausea/vomiting (12%) • Diarrhea (19%) • Loss of smell (anosmia) or altered taste (dysgeusia) (<10%) 	
<p>Risk Factors</p>	<ul style="list-style-type: none"> • ≥ 50 years old • BMI ≥ 30 • DM • CHF, CVD, CAD, Cardiomyopathy, HTN • Cancer • CKD • COPD, Asthma • Immunocompromised (e.g. HIV w/ CD4 <200, taking immunosuppressants) 	<ul style="list-style-type: none"> • Liver Disease • Neurologic conditions (e.g. dementia) • Smoking • Sickle cell disease, thalassemia • Cystic Fibrosis • Pregnancy to 2 weeks postpartum • Resident of long-term care facility • Influenza only: Children < 5 years or <19 on long-term ASA therapy
<p>Respiratory Assessment</p>	<p style="text-align: center;"><u>History</u></p> <ul style="list-style-type: none"> • “How is your breathing today?” • “What makes you breathless now that didn’t make you breathless yesterday?” • “Are you breathing harder or faster than usual when sitting still?” • “Can you no longer do your usual household activities due to shortness of breath?” • “Does walking cause you to feel dizzy?” 	<p style="text-align: center;"><u>Initial Assessment</u></p> <p>Expose pt chest and assess for:</p> <ul style="list-style-type: none"> • Cyanosis • Chest retractions • Tachypnea • Dyspnea (<i>Able to speak in full sentences at rest?</i>) • Single Breath Count Test: Seated pt fully inhale and count to highest number possible at 2 beats/sec. (Abnormal < 20). • RR, HR, and O₂ Sat
<p>Dyspnea Severity</p>	Mild	Interferes with daily activities (E.g. mild SOB w/ 1–2 flights of stairs or walking briskly)
	Moderate	Limitation to daily activities (E.g. single breath count test <20, needs to rest after 1 flight of stairs, interferes with meal prep, light housekeeping)
	Severe	SOB at rest (E.g. unable to speak in complete sentences, interferes with basic activities such as toileting and dressing)

Criteria for Next Level of Care

Indications for Testing	Influenza & SARS-CoV-2	<ul style="list-style-type: none"> Exposure of at least 15 mins cumulative over 24h at < 6 ft, within 14 days to someone newly diagnosed with COVID-19, or Exposure to someone with influenza ≤ 4 days, or Has active symptoms of COVID-19 and/or influenza
	SARS-CoV-2	<ul style="list-style-type: none"> Asymptomatic Essential Worker (e.g. HCW) who travelled out of state for more than 24 hours or to a foreign country within last 14 days.
Refer to ED <i>(Any of the following)</i>	<ul style="list-style-type: none"> <u>All Patients:</u> <ul style="list-style-type: none"> Moderate dyspnea above baseline Concern of alterations in mental status (e.g. newly confused, difficult to arouse) S/sx of hypoperfusion or hypoxia (e.g. falls, hypotension, cyanosis, anuria, chest pain) <u>Patients with Risk Factor(s):</u> <ul style="list-style-type: none"> New onset mild dyspnea Unwell appearing Resting/exertional O₂ Sat ≤ 94 or RR ≥ 22 O₂ Sat ≥ 95 and HR ≥ 110 / exertional HR ≥ 125 Has to increase supplemental O₂ to stay ≥ 95 <u>Patients without Risk Factor(s):</u> <ul style="list-style-type: none"> Resting/exertional O₂ Sat ≤ 90 O₂ Sat ≤ 94 and HR ≥ 110 / exertional HR ≥ 125 Has to increase supplemental O₂ to stay > 90 	
Expedited Clinical Evaluation <i>(<24 hours)</i>	<p><i>Preferably in-person but choice between in-person vs. telehealth initial evaluation may vary based on available resources, timeliness of follow-up, or level of community spread.</i></p> <ul style="list-style-type: none"> <u>All Patients:</u> Any concerning s/sx but not enough to warrant ED referral (e.g. mild orthostasis) <u>Patients with Risk Factor(s):</u> Worsening symptoms (especially after day 7 of illness) <u>Patients without Risk Factors:</u> Mild dyspnea or resting/exertional O₂ Sat 91–94 	
Short-Term/ Telehealth Follow-up <i>(Any of the following)</i>	<ul style="list-style-type: none"> Risk factor(s) Discharged from hospital or referred from the emergency department On home supplemental O₂ Any active dyspnea or concern about severity of symptoms Concern about patient's ability to self-monitor or self-report 	

Definitions	Criteria	Education	Triage	Management	Follow-up
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Patient Education for Suspected COVID-19

HOME ISOLATION FOR PATIENTS TESTING POSITIVE FOR SARS-COV-2 OR INFLUENZA *(CDC Guidelines)*

Immunocompetent patients who test positive for SARS-CoV-2 should be advised to isolate at home until they have met the following requirements:

- **At least 10 days** have passed since symptom-onset, or if no symptoms are present, then at least 10 days since the first positive test.
- **At least 24 hours** without fever, without the use of antipyretics.
- Marked improvement in symptoms (*e.g. cough, shortness of breath*)
- Severely immunocompromised patients or patients who had severe COVID-19 illness should be advised to isolate for **at least 20 days from symptom onset**, and meet the additional requirements described above.
- Patients who **test positive for influenza** should be advised to stay at home and avoid contact with others until at least 24 hours without fever off antipyretics.

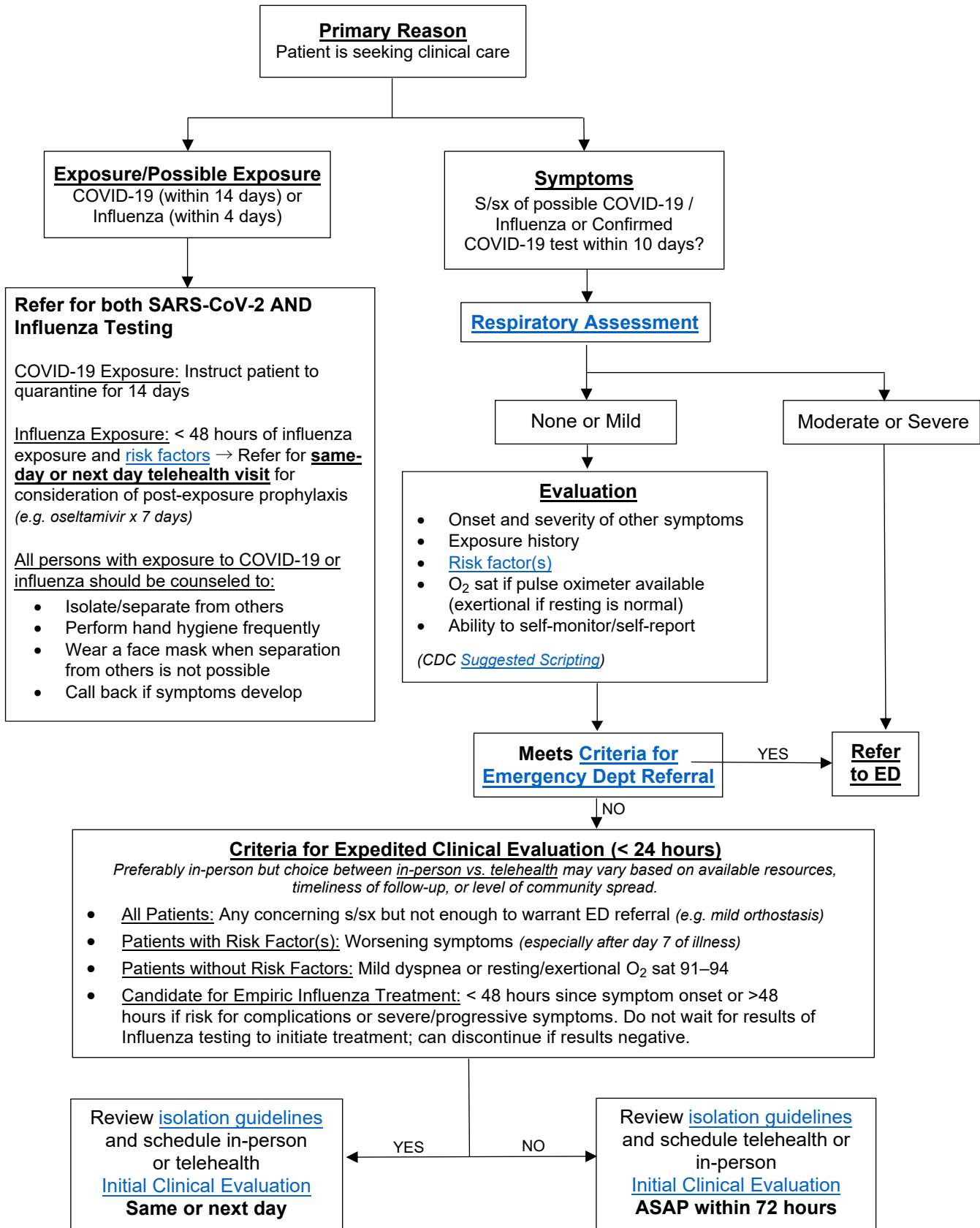
HOME QUARANTINE FOR PATIENTS EXPOSED TO SARS-COV-2 OR INFLUENZA *(CDC Guidelines)*

- Patients who had exposure within the past 14 days to someone newly diagnosed with COVID-19 should be advised to quarantine at home for **14 days after their last COVID-19 exposure**.
- All persons with exposure to COVID-19 or influenza should be given recommendations to:
 - Stay home and avoid contact with others if symptoms develop
 - Perform hand hygiene frequently
 - Wear a face mask or face covering when unable to practice social distancing
 - Practice respiratory etiquette (*e.g. cover mouth and nose when coughing or sneezing*)

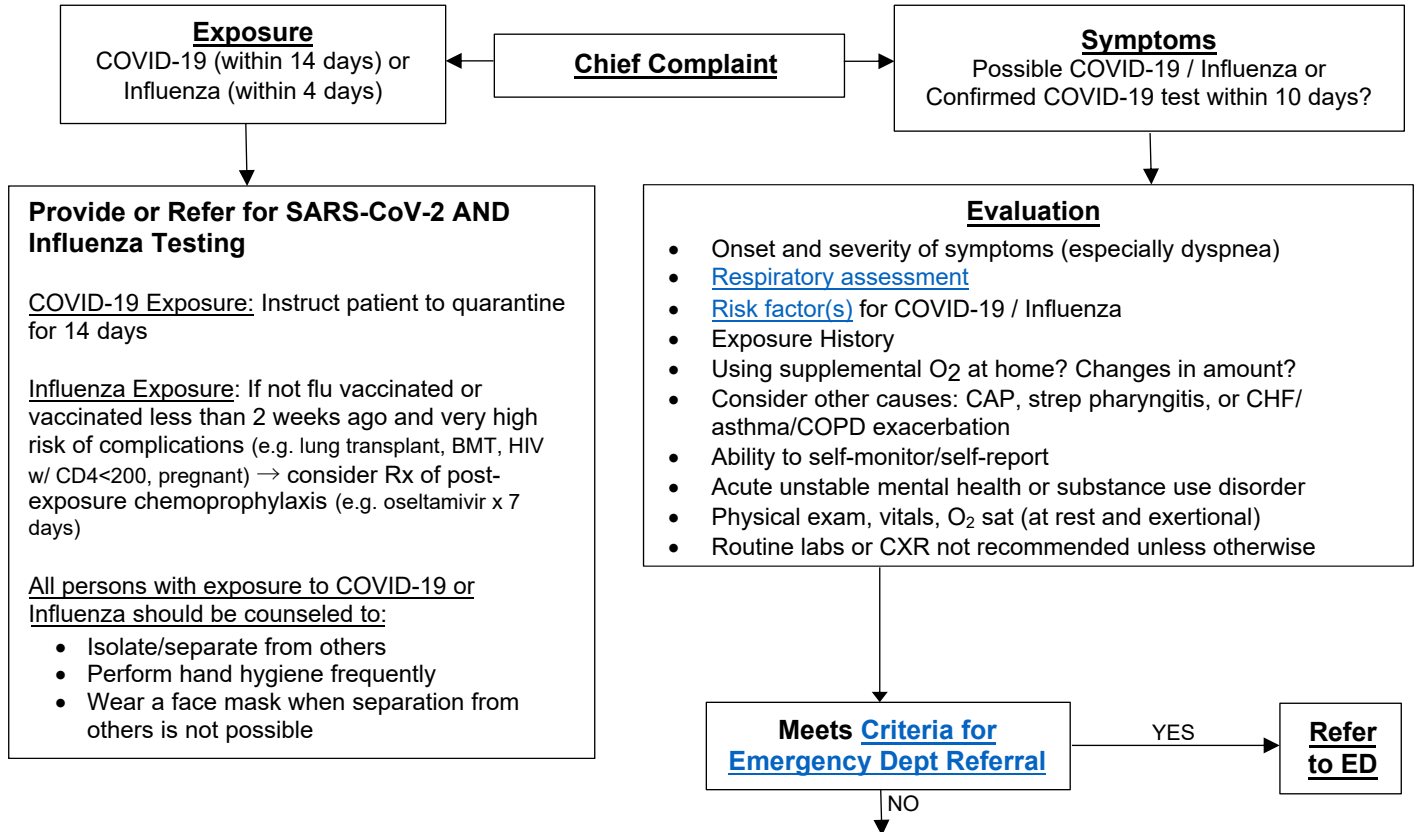
BREASTFEEDING FOR MOTHERS SUSPECTED OR DIAGNOSED WITH COVID-19 *(CDC Guidelines)*

- Follow isolation guidelines above
- Breast milk is the best source of nutrition for most infants. We do not know whether mothers with COVID-19 can transmit the virus via breast milk, but the limited data available suggest this is not likely. *(AAP)*
- Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers.
- A mother with confirmed COVID-19 should be counseled to take precautions to avoid spreading the virus to her infant, including [handwashing](#) and [wearing a face mask or covering](#).
- Separation may be necessary for neonates at higher risk of severe illness (*e.g. preterm infants, infants with underlying medical conditions, infants needing higher levels of care.*)

Phone Triage



Initial Clinical Evaluation



Provide or Refer for SARS-CoV-2 AND Influenza Testing

COVID-19 Exposure: Instruct patient to quarantine for 14 days

Influenza Exposure: If not flu vaccinated or vaccinated less than 2 weeks ago and very high risk of complications (e.g. lung transplant, BMT, HIV w/ CD4<200, pregnant) → consider Rx of post-exposure chemoprophylaxis (e.g. oseltamivir x 7 days)

All persons with exposure to COVID-19 or Influenza should be counseled to:

- Isolate/separate from others
- Perform hand hygiene frequently
- Wear a face mask when separation from others is not possible

Evaluation

- Onset and severity of symptoms (especially dyspnea)
- [Respiratory assessment](#)
- [Risk factor\(s\)](#) for COVID-19 / Influenza
- Exposure History
- Using supplemental O₂ at home? Changes in amount?
- Consider other causes: CAP, strep pharyngitis, or CHF/asthma/COPD exacerbation
- Ability to self-monitor/self-report
- Acute unstable mental health or substance use disorder
- Physical exam, vitals, O₂ sat (at rest and exertional)
- Routine labs or CXR not recommended unless otherwise

Meets [Criteria for Emergency Dept Referral](#)

Refer to ED

Management

- Testing: Refer for both SARS-CoV-2 AND Influenza testing
- Consider Empiric Influenza Treatment (e.g. oseltamivir x 5 days): If symptoms consistent with influenza (e.g. anosmia suggests COVID-19); ≤ 48 h since symptom onset or >48 h if high risk for complications or severe/progressive symptoms ([UpToDate](#))
- Medication Management:
 - Fever and Myalgias: Standard antipyretic strategies (e.g. with acetaminophen or NSAIDs)
 - Dexamethasone: Should not be used in mild to moderate COVID-19; indicated for patients who require supplemental O₂ ([NIH](#))
 - Monoclonal Antibodies: Limited basis for moderate disease per FDA (Criteria for [bamlanivimab](#) and [casirivimab/imdevimab](#))
 - VTE Screening and Prophylaxis: For non-hospitalized patients with COVID-19, coagulation markers and initiation of anticoagulants/antiplatelet therapy not recommended unless otherwise indicated ([NIH](#))
 - Concomitant Medications: Consult with prescriber or other specialist if needed for any dose adjustment or temporary discontinuation of:
 - Immunosuppressants or biologics
 - Diabetes or antihypertensive medications if sudden weight loss, decreased food intake, or orthostasis
- Pulse Oximeter & O₂ Concentrators:
 - Pulse Oximeter: Consider providing to patient for home monitoring if O₂ Sat <95 or any Dyspnea or (> 50 years old plus [Risk Factor\(s\) for Complications](#))
 - O₂ Concentrators: [Criteria pending for ambulatory setting]
- Short-term Follow-up: Refer if discharged from hospital, on supplemental O₂ at home, has any active dyspnea, has risk factor(s), or if any concern about severity of symptoms or patient's ability to self-monitor or self-report
- Acute Mental Health/Substance Use Disorder/Housing or Food Insecurity: Consult social work
- Provide [Breathing Exercises](#) to help with dyspnea

Short-Term Follow-Up (Telehealth)

