BILH Influenza-like Illness/COVID-19 Home Care Assessment Guidance for Clinicians

Beth Israel Lahey Health

This guidance should be used to inform the assessment of patients with mild influenza-like illness (ILI) not requiring hospitalization. Given the current epidemic, ILI must be evaluated in the context of risk factors for COVID-19 which will impact home care and self-isolation guidance.

The evaluation of home care for these patients requires an assessment of the patient's severity of symptoms, comorbidities, residential setting, and local health department(s) guidance when appropriate. When home care is pursued in patients with underlying co-morbidities, structured follow up through telemedicine or telephone-based check-in should be pursued.

CLINICAL ASSESSMENT:

1) Severity of Symptoms

- Mild disease is described as fever, cough, malaise, sore throat AND the absence of any warning signs (persistent high-fever, severe shortness of breath, inability to tolerate oral medications/nutrition, persistent chest or abdominal pain, alteration in mental status such as confusion or lethargy).
- Clinical judgment should always supersede the above criteria and symptom severity should be assessed in the context of additional high-risk characteristics.

2) High-Risk Comorbidities

- Persons aged >60years
- Caretakers/household contacts of persons who are immunocompromised
- Persons with certain diseases and disorders
  - Chronic lung (such as asthma, chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
  - Endocrine (such as diabetes mellitus)
  - Cardiac disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
  - Hematologic malignancy
  - Immunosuppression (due to disease or medication)
  - Liver disease
  - Chronic kidney disease

*While patients with high-risk characteristics may be able to be managed at home if symptoms are mild, very close monitoring for red flag symptoms and close proximity to an acute care setting if symptoms progress may be advisable

3) Symptom Monitoring/Red Flags:

- Worsening cough/shortness of breath or difficulty breathing
- Heart rate over 100 beats/minute
- Persistent chest or abdominal pain
- Persistent significant fevers
- Inability to hydrate or eat appropriately, decreased urine output
- Confusion
- Inability to care for oneself at home

Patient should be cautioned that mild symptoms may progress to more severe illness. If any of these red flag symptoms or other concerns develops, this should prompt a call to the clinic immediately for further instruction.

*Adapted from the Center for Disease Control and Prevention. *Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities*. Updated 2/14/20. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

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4) COVID-19 Risk Stratification:

Clinicians should use their judgement to determine if a patient has signs and symptoms compatible with COVID-19. Most patients with confirmed COVID-19 have fever and/or acute respiratory illness. Clinicians should consider some factors that may increase the probability of COVID-19 including any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed[4] COVID-19 patient, or who have a history of travel from affected geographic areas within 14 days of their symptom onset.

RESIDENTIAL SETTING

Residential Setting Factors: these factors should optimally be in place to facilitate safe home care however all may not be feasible and clinical judgment is required

- Appropriate caregivers are available at home
- Separate bedroom is available for patient to recover
- Resources for access to food and other necessities are available
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask). Use of N95 respirators for patients or household contacts is NOT recommended
- There are no household members who may be at increased risk of complications from COVID-19 (household members >60 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions) or if present, they are able to self-isolate

PATIENT TRIAGE:

- Patients with red-flag symptoms should be evaluated in the office, urgent care, or emergency department as deemed appropriate. If a patient has risk factors for COVID-19 or other ILI, this should be communicated to the office staff so that appropriate person protective equipment is in place. In addition, if feasible, the patient should be instructed to wear a mask on entry to the medical center.
- For patients with mild infection and the absence of any concerning red flag symptoms, pursuit of home-based care is reasonable. Structured follow up through telephone/telemedicine for those with co-morbidities should be arranged.

DISCUSSION REGARDING TESTING

The usage of testing COVID-19 is rapidly changing but traditionally informed by the following: a risk assessment of severity of illness for the patient based on comorbidities, public health implications (i.e. occupation and exposure to congregate settings) in addition to access to testing resources. Please see **Table 1. COVID-19 Test Prioritization Matrix.**

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Table 1. BILH SARS-CoV-2 Testing Guidelines

Priority Level	Description	
1	Healthcare worker (higher priority given to those in the setting of healthcare exposure)	BIDMC Lab
2	Inpatients (higher priority given to those in the setting of healthcare exposure)	BIDMC Lab
3	Congregate settings (nursing homes, homeless shelters, dormitories, etc.) where an index case has not yet been diagnosed	MA State Lab or BIDMC Lab, if space and permitting
4	Outpatients *with* high risk conditions (See "High Risk Comorbidities" above; Higher priority given to contacts of an individual with confirmed COVID-19)	MA State Lab or BIDMC Lab, if space and swabs permitting
5*	Outpatients *without* high risk conditions	Commercial Lab (sendout), if swabs available

HOME CARE INSTRUCTIONS/COMMUNICATION WITH PUBLIC HEALTH AUTHORITIES:

- Patients should receive instructions regarding symptom monitoring, worrisome symptoms (i.e. red flag symptoms) and have a plan for where they would seek emergency care, if needed.
- Structured telephonic/telemedicine follow up should be arranged for patients with high-risk comorbidities.
- Patients at High-Risk of COVID-19 or proven COVID-19:
    - Instructions for Preventing Spread to Others in Homes and Communities should be provided to the patient, caregivers and household members.
        - The Provider should ensure the patient understands that they should call **BEFORE** attending any scheduled upcoming medical appointments or seeking care in the ED or Urgent Care.
- Self-isolation guidance:
    - Use the historical information you gathered above and the table below to provide guidance to patients about duration of self-isolation.
        - Discontinuation of Home-Based Precautions: Given our limited testing supplies, a time since illness-onset approach is recommended. **Persons with COVID-19 who have symptoms** and were

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directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* 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 7 days have passed *since symptoms first appeared*.

- Refer to Resources for Patients and their Caregivers on https://covid-19.bilh.org/covid-19-materials/:
  - "BILH Prevention Steps for Patients with Confirmed or Suspected COVID-19 Receiving Home Care"

    "BILH Prevention Steps for the Caregivers or Household Contacts of Patients with Confirmed or Suspected COVID-19 Receiving Home Care"
  - "FAQs for Patients with Confirmed or Suspected COVID-19 Receiving Home Care"

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