

MedStar Health COVID-19 Discharge Guidelines

Currently, the CDC recommends discharge of hospitalized patients with confirmed COVID-19 when they are **medically stable** and have an **appropriate home or facility environment** to which they may be discharged. *Patients do not have to meet CDC criteria for discontinuing COVID-19 isolation or transmission-based precautions prior to discharge.*

Very importantly, if/when the regional impact of the pandemic intensifies, hospitals will likely need to modify these criteria based on local realities.

Criteria for Medical Stability:

Respiratory status is stable:

- Improved shortness of breath or patient's breathing effort has returned close to baseline.
- Tachypnea absent: 18 breaths per minute or less in adult
- Oxygen saturation stable on ambient air (generally >90% with ambulation).
- Appropriate to consider discharge on improving patients receiving up to 2L NC O2.

Hemodynamic stability:

- Hemodynamic status at baseline for the patient or acceptable for next level of care such as subacute nursing facility
- Patient hemodynamically stable
 - **Tachycardia absent:** Heart rate equal to or less than 100 beats per minute in adult.
 - **Hypotension absent:** SBP greater than or equal to 90 mm HG without recent significant decrease.

Temperature status is acceptable:

- Temperature less than 100.5 degrees or at least 24 hours without antipyretics

Mobility:

- Ambulatory or acceptable for a lower level of care
- If patient is ambulatory, absence of dizziness or shortness of breath during ambulation

General systems check:

- Improving inflammatory markers (LDH, CRP, Ferritin, D-dimer)
- Neuro status stable
- Abdominal status stable
- Renal function at baseline
- Urinary status stable
- Physiologic status stable including glucose, oral intake, electrolytes.

Considerations for Home or Facility Discharges:

COVID-19 specific Care Continuum guidance and current resources (including patient education materials and discharge instructions) are maintained by the system and entity Case Management Departments. Case Managers and Social Worker should work with providers to decide the best disposition option for each patient based on his/her needs for transmission-based precautions and the available community resources. For those patients being discharged home, system plans are in development for remote patient monitoring where needed, 24-hour follow up call, and 7-day e-visit follow-up to determine discontinuation of isolation.