

**Clinician Guide for Outpatient Management of COVID-19 in the Outpatient Setting**  
**Workflow<sup>1</sup>:**

When possible, please have patients with fever AND cough or shortness of breath call the clinic before arrival.

Scenario 1: Patient calls in to report a febrile respiratory illness

- 1) Conduct appropriate phone triage to assess:
  - a. Severity of illness
  - b. Comorbid conditions
  - c. Risk of complications
  - d. Potential diagnoses
- 2) Physician options include (but not limited) to the following:
  - a. Counsel to remain at home and monitor symptoms if appropriate (low risk for complications and likely viral respiratory syndrome). Ongoing monitoring from clinic.
  - b. Conduct telehealth visit.
  - c. Counsel patient to report to clinic for additional evaluation. Prepare to isolate and evaluate away from other patients if:
    - i. had recent travel to an area with active community transmission, or
    - ii. recent contact to a known case of COVID-19, or
    - iii. is over 65 year of age or immunocompromised (and no know reason for symptoms)
  - d. Have patient report to ER if indicated (notify ER).

Scenario 2: Patient presents to clinic with febrile respiratory illness (**Identify, Isolate, Test and Call**)

- 1) **IDENTIFY** - Have proper signage directing ill patients to notify front desk immediately with symptoms of:
  - a. Fever and
  - b. Cough or shortness of breath
- 2) If the patient:
  - a. had recent travel to an area with active community transmission, or
  - b. recent contact to a known case of COVID-19, or
  - c. is over 65 year of age or immunocompromised (and no know reason for symptoms)

**ISOLATE** – Place surgical mask (NOT N-95) on patient and place in exam room (or other area away from other patients). If an individual room is not available, please keep ill patients at least 6 feet away from others in the waiting area.

- 3) Rule out other illnesses such as influenza. Consider non COVID-19 illnesses (i.e. influenza, community acquired pneumonia, sinusitis) as they are far more likely than COVID-19 at this time. Wear appropriate PPE – preferably N-95 mask (surgical mask if necessary) and gloves.  
[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)

- 4) Conduct clinical assessment for treatment and disposition.
- 5) **TEST** for Coronavirus if indicated. Testing for COVID-19 is available at MSDH [www.healthymys.com/COVID-19](http://www.healthymys.com/COVID-19) and through commercial labs<sup>2</sup>.
- 6) **Call** MSDH at 601 576-7725 if you strongly suspect COVID-19. Most respiratory illnesses currently are not COVID-19.
- 7) Disposition the patient as clinically indicated. Suspects for COVID-19 can be monitored from home unless hospitalization is clinically indicated. CDC has guidance for patients being in the home setting <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions> .

<sup>1</sup>This workflow should not be perceived as a mandate, but is based on current CDC testing and infection control recommendation. Please adapt as appropriate based on your systems and CDC guidance. MSDH guidance is surely to change as the situation evolves.

<sup>2</sup>Prior authorization for testing is not required.

*March 11, 2020*