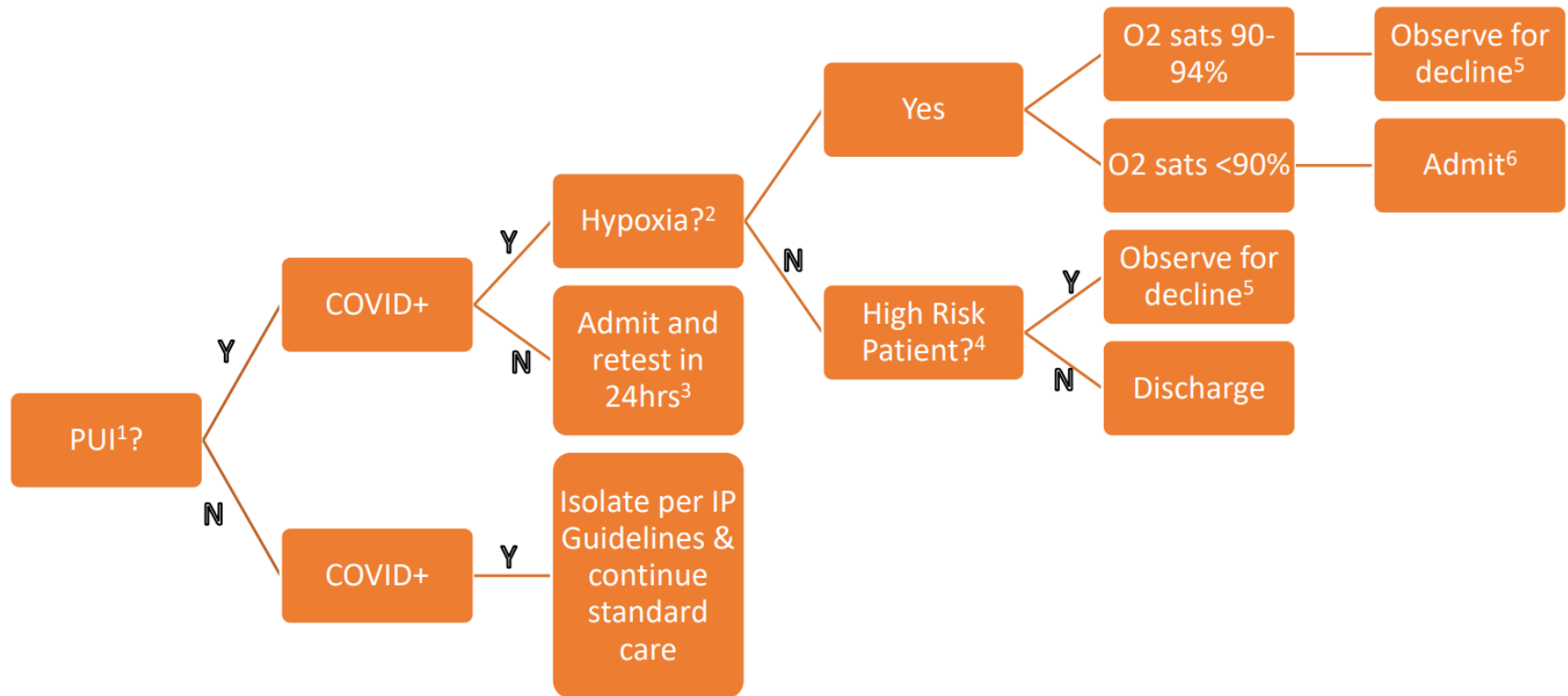


# ADMISSION DECISION-MAKING



<sup>1</sup>PUI defined as fever (>100.4 F), dyspnea, myalgias, cough, loss of taste/smell, nausea/vomiting/diarrhea

<sup>2</sup>Hypoxia defined as O2 sats <94% on room air with rest and with ambulation

<sup>3</sup>If admission indicated

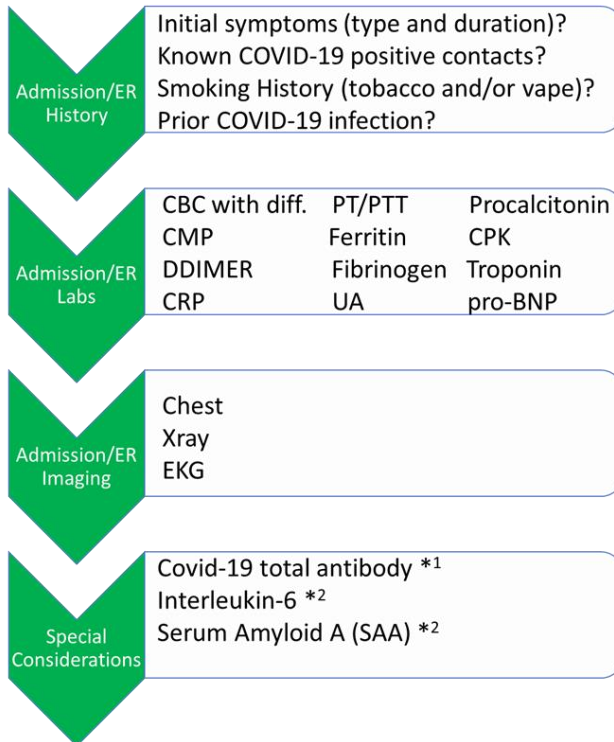
<sup>4</sup>High risk patient – immunocompromised, co-morbid conditions (HLD, DM2, HTN), >65 yo

<sup>5</sup>Admit to observation status

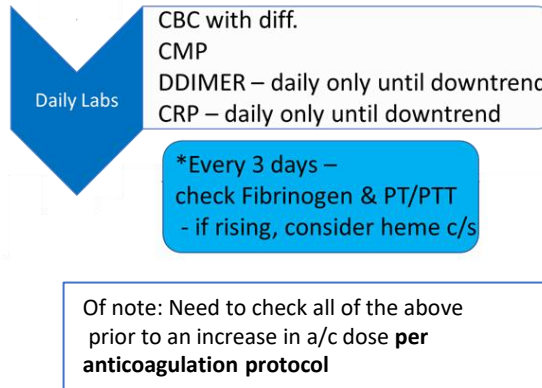
<sup>6</sup>Admit to inpatient status. See below for treatment guidelines

## RWJMS Inpatient COVID-19 DIAGNOSTIC Algorithm

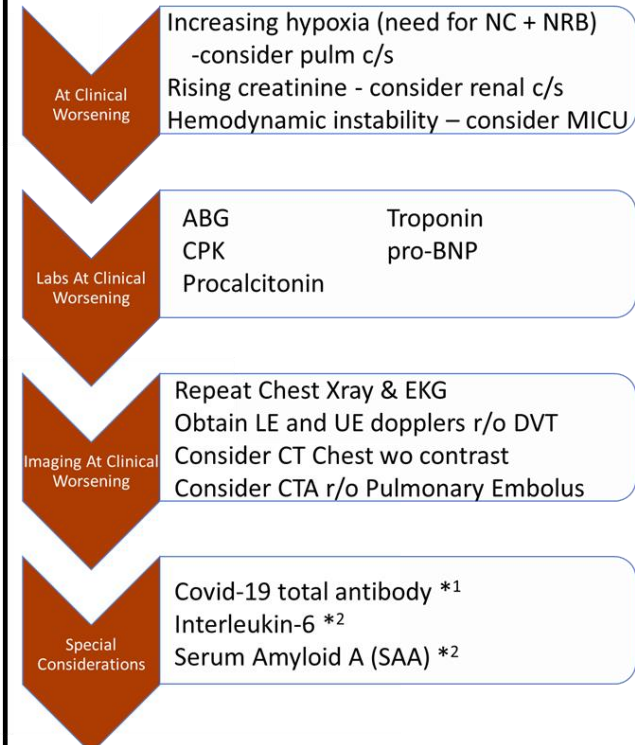
### At Admission/ER Diagnostics



### Inpatient Daily Diagnostics



### At Clinical Worsening Diagnostics



\*1 obtain if considering convalescent plasma treatment (early in hospitalization, without multiorgan failure, non-ventilated patients)

\*2 consider obtaining to help identify relationship with severity of illness, if ordering, results can be discussed with Pulm and/or ID, if ordered, please contact Payal Parikh, MD ([parikhpd@rwjms.rutgers.edu](mailto:parikhpd@rwjms.rutgers.edu)), PI of outcomes study

# Inpatient Therapies for COVID-19

- For All Therapeutics and Clinical Trials – please refer to the specialty specific recommendations that will be updated routinely
- Therapeutic Protocols & Algorithms on the Bridge
  - Anticoagulation Management
  - Convalescent Plasma Indications
  - Respiratory Failure Guide
  - SubQ Insulin & DKA protocol
  - Medications specific to COVID-19 Treatment

# DISCHARGE PLANNING FOR HOSPITALIZED COVID PATIENTS

Updated 11/20/20

## Discharge Criteria

Improving inflammatory markers

<4L NC at rest **AND** with ambulation

Otherwise stable vitals

Other medical issues stable

## Medications on Discharge

Albuterol MDI

**NO** steroids

**NO** anticoagulation  
*(Unless VTE diagnosis or other indication)*

## To-Do

Home O2 arrangement<sup>1</sup>

DSRIP consult<sup>2</sup>  
Post COVID clinic referral<sup>3</sup>

Send Meds to Walgreens at RWJ<sup>4</sup>

Encourage masking and home isolation

<sup>1</sup>Start this process early. Provide script to CM. Document O2 sats on RA at rest, and with ambulation (if rest >88%) and O2 needed for recovery

<sup>2</sup>Place consult in SCM on admission for follow up

<sup>3</sup>Call Pulm clinic 732-235-7840 to schedule

<sup>4</sup>For bedside delivery. Therefore, patients do not need to go to a pharmacy on the way home