# Evidence Search Service Results of your search request:

## “Care/management /diagnostic tests/treatment for COVID-19 patients in outpatient setting”

**ID of request:** 23104; **Date of request:** 7th May, 2020; **Date of completion:** 10th May, 2020

If you would like to request any articles or any further help, please contact:  Adam Tocock at [adam.tocock@nhs.net](mailto:adam.tocock@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Outpatient care/management /diagnostic tests/treatment for COVID-19 patients in Outpatient setting.. Adam Tocock. (10th May, 2020). LONDON, UK: Barts Health Knowledge and Library Services.

**Date range used** (5 years, 10 years): -   
**Limits used** (gender, article/study type, etc.): research from 2019-   
**Search terms and notes**: Full search strategies are reported at the end of this document.

For more information about our resources please go to: <http://www.bartshealth.nhs.uk/library>.

## Summary of Results

This sensitive search retrieved little in the way of high-level evidence on outpatient management of COVID-19 patients following discharge (see UpToDate entry below), nor setting-up outpatient clinics specifically for this patient group. Limited primary research from China has been published though, such as results #s 3 and 4 below, and some rehabilitation-focused literature in outpatient settings from other countries is out there: please see results #s 5 and 10. A wider body of evidence – mostly primary research - exists detailing how different specialties have moved inpatient services to outpatient settings as a result of the COVID-19 pandemic (such as results #s 1 and 2 below), or how outpatient clinics are protecting against/preventing infection (such as result #6). Please get in touch if you would like to see more of these types of papers.

I have looked for COVID-19 specific evidence as requested, so have limited my search to as far back as 2019. If you would like to see evidence related to MERS or SARS or other infectious disease outbreaks from further back that may be useful then again please let me know and I will be happy to oblige.

There is also an increasing amount of literature relating to telehealth/virtual clinics and COVID-19: See [the Cochrane Collaboration’s special collection here](https://www.cochranelibrary.com/collections/doi/SC000043/full), and results 14 and 28 below. Again, just contact me if you would like to see more in this particular area.

As this is a quickly evolving area, we can set up an alert for you, so each week you receive an email bulletin with the latest news and research in this field laid out: please email if you would like to receive these.

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30. [What are we doing in the dermatology outpatient department amidst the raging of the 2019 novel coronavirus?](#Research644197)
31. [[Expert recommendations on the management of patients with advanced non-small cell lung cancer during epidemic of COVID-19 (Trial version)].](#Research644214)
32. [[Follow-up testing of viral nucleic acid in discharged patients with moderate type of 2019 coronavirus disease (COVID-19)].](#Research644192)

### [C. Search History](#SearchHistory)

## A. Synopses or Summaries

#### UpToDate

**Coronavirus disease 2019 (COVID-19): Outpatient management in adults** (2020)

Pieter Cohen, MD and Jessamyn Blau, MD

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6669d5c6757814c70f93ef932b30a4b4)

See “OUTPATIENT MANAGEMENT FOLLOWING INPATIENT OR ED DISCHARGE” section:

After discharge from the inpatient hospital setting or the emergency department (ED), clinician follow-up is warranted, either in outpatient clinic or via telehealth visit. At each encounter after hospital or ED discharge, we reinforce the importance of infection control and provide counseling on the warning symptoms which should prompt reevaluation. (See ['Infection control'](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-outpatient-management-in-adults#H3591640024) above and ['Counseling on warning symptoms'](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-outpatient-management-in-adults#H3253077875) above.)

In some cases, patients are discharged home or to supervised residential care from the inpatient hospital setting on low flow oxygen therapy, with oximetry monitoring by telehealth (preferred if available) or visiting nurse. The practice of sending patients home on supplemental oxygen is widely variable, however, and if done warrants close patient monitoring. (See ['Home oxygen therapy with oximetry for some patients'](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-outpatient-management-in-adults#H4213440800) above.)

Patients discharged home

●Most patients discharged from the inpatient setting require a follow-up clinician visit within one to two days following discharge; depending on their unique clinical and social situation, telehealth visit or in-person outpatient visit may be appropriate.

●For those patients evaluated and discharged from the ED and who are felt to need follow-up care, telehealth visits may also be appropriate. The timing of such visits, however, would vary depending upon patient acuity and indication.

Patients discharged to supervised residential care for recovery — As part of the continuum of care of patients with COVID-19, temporary housing in supervised residential care facilities may also be appropriate for managing patients discharged from the inpatient hospital setting, as well as those evaluated and discharged from the ED. (See ['Supervised residential care to facilitate isolation'](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-outpatient-management-in-adults#H38860578) above.)

Depending upon the type of facility, the patient's medical acuity, and available resources, telehealth follow-up may be appropriate; the intensity of telehealth follow-up will vary depending upon the indication for housing (eg, solely the need for isolation versus isolation with more acute medical need).”

## B. Original Research

1. **A novel clinical set up for examining healthy dermatology outpatients in time of Covid-19.**  
   Gupta S. Clinical and experimental dermatology 2020;:No page numbers.

The pandemic of COVID-19 has made social distancing necessary as a result, daily outpatient departments (OPD) are at a standstill due to rule imposed by many governing bodies to close all non-essential OPDs.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7c6bde9e0a1847e7292e689d3a135f5a)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fd9ebfcca6a26b3a084024449fbe37d0)

1. **Ambulatory Management of perianal Crohn's Disease during the Covid-19 Pandemic.**  
   Andrea Divizia Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland 2020;:No page numbers.

Since the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) outbreak, in the newly re-organized COVID-19 Hospitals, almost all surgical services have been shut down. In particular, all day-case procedures, such as exploration under anaesthesia (EUA) for anal fistula, have been postponed.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=37644a357343ac4916916bd02698bf97)

1. **An Effective Model for the Outpatient Management of COVID-19.**  
   Xiao Yuanyuan Infection control and hospital epidemiology 2020;:1-4.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e84fc3d5133f884e01319756f6629302)

1. **An effective screening and management process in the outpatient clinic for patients requiring hospitalization during the COVID-19 pandemic**  
   Guo F. Journal of Medical Virology 2020;:No page numbers.

We have described the screening and management process for patients who present to the out-patient clinics in China. We believe that our study makes a significant contribution to the literature because we have little reliable literature to refer to with regard to the COVID-19 pandemic and this protocol has been admirably efficient in China. This article is protected by copyright. All rights reserved.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=33d98f7376971654e5061d44a498bd86)

1. **Considerations for Post-acute Rehabilitation for Survivors of COVID-19.**  
   Sheehy Lisa Mary JMIR public health and surveillance 2020;:No page numbers.

UNSTRUCTUREDCoronavirus disease of 2019 (COVID-19), the infection caused by severe acute respiratory syndrome coronavirus 2, was first reported on December 31, 2019. Because it has only been studied for just over three months, there is still an incomplete understanding of the disease, in particular its sequelae and long-term outcomes. As well, very little has been written about the rehabilitation needs for patients with COVID-19 after discharge from acute care. Therefore, the objective of this report was to answer the question "What rehabilitation do survivors of COVID-19 require?". The question was stated within the context of a sub-acute hospital delivering geriatric inpatient and outpatient rehabilitation services. Three areas relevant to rehabilitation after COVID-19 were identified. First, details of how patients might present have been summarized: comorbidities, complications from an intensive care unit stay +/- intubation, and the effects of the virus on multiple body systems, including cardiac, neurological, cognition, and mental health. Second, suggested procedures regarding design of an inpatient rehabilitation unit for COVID-19 survivors, staffing issues, and considerations for outpatient rehabilitation have been made. Third, guidelines for rehabilitation (physiotherapy, occupational therapy, speech-language pathology) following COVID-19 have been made, with respect to recovery of the respiratory system as well as mobility and function. A thorough assessment and individualized, progressive treatment plan which focuses on function, disability, and return to participation in society will help each patient to maximize their function and quality of life. Careful consideration of the rehabilitation environment will ensure that all patients have the most complete recovery possible.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ef03c8536f844f6a986d796aab0651a5)

1. **COVID-19 Protection Guidelines in Outpatient Medical Imaging Centers**  
   Sedaghat A. Academic Radiology 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3ecba8f164b614bef0dc88cf5b4dca45)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6619e3f246af3cb2cd6be060928e7caf)

1. **Determining Urgent/Emergent status of Gastrointestinal (GI) Endoscopic Procedures in an Ambulatory Care Setting during the Coronavirus Disease of 2019 (COVID-19) Pandemic: Additional Factors that need to be considered.**  
   Rah Kang H. Anesthesia and analgesia 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ac62c715d28cbfa3a1ba134deba2caa9)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9026703349e1ba2f3b96975f66453710)

1. **During COVID-19, Outpatient Advance Care Planning is Imperative: We need All Hands on Deck.**  
   Block Brian L. Journal of the American Geriatrics Society 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=25e2dc53803c914ba8343f3e2d32ec55)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fb68688eda8f4219f977b0fb0b2948c5)

1. **Ethical outpatient dermatology care during the coronavirus (COVID-19) pandemic.**  
   Pathoulas James T. Journal of the American Academy of Dermatology 2020;82(5):1272-1273.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=33b769677f79f6cf81ffe3e4280d099c)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e016a51ac55bd39bfcdd9840dd545a23)

1. **First impact on services and their preparation. "Instant paper from the field" on rehabilitation answers to the Covid-19 emergency.**  
   Boldrini Paolo European journal of physical and rehabilitation medicine 2020;:No page numbers.

This paper reports the immediate impact of the epidemic on rehabilitation services in Italy, the first country in Europe hit by Covid-19. In a country with almost 5,000 Physical and Rehabilitation Medicine physicians, the webinar had 230 live viewers (4.5%), and more than 8,900 individual visualizations of the recorded version. The overall inadequate preparation of the rehabilitation system to face a sudden epidemic was clear, and similar to that of the acute services. The original idea of confining the Covid-19 cases to some areas of rehabilitation wards and/or hospitals, preserving others, proved not to be feasible. Continuous reorganization and adaptation were required due to the rapid changes. Overall, rehabilitation needs had to surrender to the more acute emergency, with total conversion of beds, wards and even hospitals. The quarantine needs heavily involved also outpatient services that were mostly closed. Rehabilitation professionals needed support, but also acted properly, again similarly to what happened in the acute wards. The typical needs of rehabilitation, such as human and physical contacts, but also social interactions including patient, team, family and caregivers, appeared clearly in the current unavoidable need of being suppressed. These notes could serve the preparation of other services worldwide.

1. **First wave of job losses wallops outpatient settings.**  
   Bannow Tara Modern Healthcare 2020;50(14):2-2.

The article reports on the number of jobs lost in the healthcare industry in the U.S. in March 2020 which is a sign of how the novel coronavirus has impacted the economy.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e0b6926cf1e7829e90431ff282573e21)

1. **Hidradenitis suppurativa: the importance of virtual outpatient care during COVID-19 pandemic.**  
   Shah Monica Journal of the American Academy of Dermatology 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6fbd5b61157aaa40854c4aab193be116)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=070b3f5fc924e884b69e23d73c65d994)

1. **Home and Community-Based Physical Therapist Management of Adults With Post-Intensive Care Syndrome.**  
   Smith James M. Physical therapy 2020;:No page numbers.

More than 4 million adults survive a stay in the intensive care unit each year, with many experiencing new or worsening physical disability, mental health problems, and/or cognitive impairments, known as the post-intensive care syndrome (PICS). Given the prevalence and magnitude of physical impairments after critical illness, many survivors, including those recovering from COVID-19, could benefit from physical therapist services after hospital discharge. However, due to the relatively recent recognition and characterization of PICS, there may be limited awareness and understanding of PICS among physical therapists practicing in home healthcare and community-based settings. This lack of awareness may lead to inappropriate and/or inadequate rehabilitation service provision. While this perspective article provides information relevant to all physical therapists, it is aimed toward those providing rehabilitation services outside of the acute and post-acute inpatient settings. This article reports the prevalence and clinical presentation of PICS and provides recommendations for physical examination and outcomes measures, plan of care, and intervention strategies. The importance of providing patient and family education, coordinating community resources including referring to other healthcare team members, and community-based rehabilitation service options is emphasized. Finally, this perspective article discusses current challenges for optimizing outcomes for people with PICS and suggests future directions for research and practice.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8814551c14c56d7c124b2dba0f49c524)

1. **How to Conduct an Outpatient Telemedicine Rehabilitation or Prehabilitation Visit**  
   Verduzco-Gutierrez M. PM & R : the journal of injury, function, and rehabilitation 2020;:No page numbers.

The novel coronavirus pandemic is resulting in an accelerated conversion of in-person physician visits to virtual visits. As barriers to adoption of telemedicine are rapidly decreasing, it is important to recognize the need for practical and immediately deployable information that can improve doctor-patient interactions, facilitate accurate documentation, and increase confidence in the transition to virtual visits. In this article we aim to outline the components of an outpatient telemedicine visit for physiatrists with a particular focus on an adapted virtual physical examination. Uses of telemedicine may include future largescale concerns such as natural disasters or climate change. We describe a general approach to the visit, review definitions of terms commonly used in telemedicine, and offer tips for optimizing the encounter. This article is protected by copyright. All rights reserved.

1. **How to Reorganize an Ear, Nose, and Throat Outpatient Service During the COVID-19 Outbreak: Report From Northern Italy.**  
   De Bernardi Francesca The Laryngoscope 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8765137857257b65c3d5ea3ce79cd760)

1. **Increasing the Signal-to-Noise Ratio: COVID-19 Clinical Synopsis for Outpatient Providers.**  
   Sartor Zach Journal of primary care & community health 2020;11:2150132720922957.

The novel coronavirus (SARS-CoV-2), which is the cause of coronavirus disease (COVID-19 formally 2019-nCoV), has received widespread attention from the medical community. Despite the rapid publication of research on the virus and the disease it causes, there is a lack of concise and relevant material to help busy medical providers navigate recognition and management of the disease in the ambulatory setting. This review article aims to bridge this gap by briefly reviewing the key points of the evaluation and treatment of patients with COVID-19 in the ambulatory clinic environment.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ac3d51353939695f5ea19be57307dc90)

1. **Inpatient and outpatient case prioritization for patients with neuro-oncologic disease amid the COVID-19 pandemic: general guidance for neuro-oncology practitioners from the AANS/CNS Tumor Section and Society for Neuro-Oncology**  
   Ramakrishna R. Journal of Neuro-Oncology 2020;:No page numbers.

The Coronavirus pandemic has created unprecedented strain on medical resources at health care institutions around the world. At many institutions, this has resulted in efforts to prioritize cases with an attempt to balance the acuity of medical needs with available resources. Here, we provide a framework for institutions and governments to help adjudicate treatment allocations to patients with neuro-oncologic disease.<br/>Copyright &#xa9; 2020, Springer Science+Business Media, LLC, part of Springer Nature.

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1. **May drug-related cardiovascular toxicities persist after hospital discharge in COVID-19 patients?**  
   Kara Emre International journal of antimicrobial agents 2020;:106003.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c7d35b9c4e25ac607b35c7f658cf05f9)

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=802bbb2079b267617300fdec01b69aed)

1. **Out-of-Hospital Cohort Treatment of Coronavirus Disease 2019 Patients with Mild Symptoms in Korea: an Experience from a Single Community Treatment Center.**  
   Park Peong Gang Journal of Korean medical science 2020;35(13):e140.

The outbreak of Coronavirus Disease 2019 (COVID-19) caused a worldwide pandemic. Less than 6 weeks after the first confirmed cases in Korea, the patient number exceeded 5,000, which overcrowded limited hospital resources and forced confirmed patients to stay at home. To allocate medical resources efficiently, Korea implemented a novel institution for the purpose of treating patients with cohort isolation out of hospital, namely the Community Treatment Center (CTC). Herein, we report results of the initial management of patients at one of the largest CTC in Korea. A total of 309 patients were admitted to our CTC. During the first two weeks, 7 patients were transferred to the hospital because of symptom aggravation and 107 patients were discharged without any complication. Although it is a novel concept and may have some limitations, CTC may be a very cost-effective and resource-saving strategy in managing massive cases of COVID-19 or other emerging infectious diseases.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0a6bf6c5cee0c7a01d88c9f6ac54f026)

1. **Outpatient Management of the Kidney Transplant Recipient during the SARS-CoV-2 Virus Pandemic.**  
   Gleeson Shana E. Clinical journal of the American Society of Nephrology : CJASN 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=49fe684635392aea37bbfbee2a907a7a)

1. **PCR Assays Turned Positive in 25 Discharged COVID-19 Patients.**  
   Yuan Jing Clinical infectious diseases : an official publication of the Infectious Diseases Society of America 2020;:No page numbers.

We report the observation that 14.5% of COVID-19 patients had positive RT-PCR testing again after discharge. We describe correlations between laboratory parameters and treatment duration (r= -0.637; p=0.002) and time to virus recrudescence (r= 0.52; p=0.008) respectively, suggesting the need for additional measures to confirm illness resolution in COVID-19 patients.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3da05a1bdb2ef986cc5cb9c580470bdb)

1. **Positive result of Sars-Cov-2 in faeces and sputum from discharged patient with COVID-19 in Yiwu, China.**  
   Li Youjiang Journal of medical virology 2020;:No page numbers.

BACKGROUNDWith the effective prevention and control of COVID - 19 in China, the number of cured cases increased significantly. Further monitoring of the disease prognosis and effective control of the "relapse" of the epidemic become the next focus of work. To analyse the clinical prognosis of discharged COVID-19 patients by monitoring their SAR-CoV-2 nucleic acid status, which may provide evidence to establish discharge standards and follow-up management for COVID-19 patients.METHODSWe included 13 discharged COVID-19 patients who were quarantined for 4-week at home. The patient's daily clinical signs were recorded and sputum and faecal specimens were regularly sent for the detection of SARS-CoV-2 nucleic acid.RESULTSThe time between initial symptoms and meeting discharge criteria was 18 - 44 days with an average of 25 ± 6 days. The faecal samples of two patients still tested positive after meeting discharge criteria and the sputum samples of four patients returned positive 5 - 14 days after discharge. The rate of a recurring positive test result in samples from the respiratory system was 31%(4/13).CONCLUSIONUnder the present discharge criteria, the high presence of SARS-CoV-2 nucleic acid in faecal and respiratory samples of discharged COVID-19 patients indicate potential infectivity. Therefore, we suggest that faecal virus nucleic acid should be tested as a routine monitoring index for COVID-19 and a negative result be added to the criteria. Simultaneously, we should strengthen the regular follow-up of discharged patients with continuous monitoring of the recurrence of viral nucleic acid. This article is protected by copyright. All rights reserved.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5016e30b67f0aee1f68558a03dba6280)

1. **Post-Discharge Cardiac Care in the Era of Coronavirus 2019: How Should We Prepare?**  
   Percy Edward The Canadian journal of cardiology 2020;:No page numbers.

The novel coronavirus 2019 (COVID-19) pandemic has placed intense pressure on healthcare organizations around the world. Amongst others, there has been an increasing recognition of common and deleterious cardiovascular effects of COVID-19 based on preliminary studies. Furthermore, patients with pre-existing cardiac disease are likely to experience a more severe disease course with COVID-19. As case numbers continue to increase exponentially, a surge in the number of patients with new or comorbid cardiovascular disease will translate into more frequent, and in some cases, prolonged rehabilitation needs following acute hospitalization. This manuscript describes the current status of post-discharge cardiac care in Canada and provides suggestions with regards to steps that policymakers and healthcare organizations can take to prepare for the COVID-19 pandemic.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=44a25f7fdc72161744b464314789f814)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aa6ff21c159cd2fb7996164c1951ff69)

1. **Protecting patients and healthcare personnel from COVID-19: considerations for practice and outpatient care in cardiology.**  
   Dörr Rolf Herz 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ce493908a34662e660fd6eeefabe8b84)

1. **Recurrent PCR positivity after hospital discharge of people with coronavirus disease 2019 (COVID-19).**  
   Jiang Minlin The Journal of infection 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1b3ff5cf49ae24602224ac67c60508c8)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7223c083dbfe9974e20e5134d06822d5)

1. **Rehabilitation following critical illness in people with COVID-19 infection.**  
   Simpson Robert American journal of physical medicine & rehabilitation 2020;:No page numbers.

The current COVID-19 pandemic will place enormous pressure on healthcare systems around the world. Large numbers of people are predicted to become critically ill with acute respiratory distress syndrome (ARDS) and will require management in intensive care units (ICUs). High levels of physical, cognitive and psychosocial impairments can be anticipated. Rehabilitation providers will serve as an important link in the continuum of care, helping move patients on from acute sites to eventual discharge to the community. Likely impairment patterns, considerations for healthcare practitioner resilience, and organization of services to meet demand are discussed. Innovative approaches to care, such as virtual rehabilitation, are likely to become common in this environment.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d7f9ef6b0f2a9acc52f3e71aac7272be)

1. **Strategies for daily operating room management of ambulatory surgery centers following resolution of the acute phase of the COVID-19 pandemic.**  
   Dexter Franklin Journal of clinical anesthesia 2020;64:109854.

We performed a narrative review to explore the economics of daily operating room management decisions for ambulatory surgery centers following resolution of the acute phase of the Coronavirus Disease 2019 (COVID-19) pandemic. It is anticipated that there will be a substantive fraction of patients who will be contagious, but asymptomatic at the time of surgery. Use multimodal perioperative infection control practices (e.g., including patient decontamination) and monitor performance (e.g., S. aureus transmission from patient to the environment). The consequence of COVID-19 is that such processes are more important than ever to follow because infection affects not only patients but the surgery center staff and surgeons. Dedicate most operating rooms to procedures that are not airway aerosol producing and can be performed without general anesthesia. Increase throughput by performing nerve blocks before patients enter the operating rooms. Bypass the phase I post-anesthesia care unit whenever possible by appropriate choices of anesthetic approach and drugs. Plan long-duration workdays (e.g., 12-h). For cases where the surgical procedure does not cause aerosol production, but general anesthesia will be used, have initial (phase I) post-anesthesia recovery in the operating room where the surgery was done. Use anesthetic practices that achieve fast initial recovery of the brief ambulatory cases. When the surgical procedure causes aerosol production (e.g., bronchoscopy), conduct phase I recovery in the operating room and use multimodal environmental decontamination after each case. Use statistical methods to plan for the resulting long turnover times. Whenever possible, have the anesthesia and nursing teams stagger cases in more than one room so that they are doing one surgical case while the other room is being cleaned. In conclusion, this review shows that while COVID-19 is prevalent, it will markedly affect daily ambulatory workflow for patients undergoing general anesthesia, with potentially substantial economic impact for some surgical specialties.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cb6096cd76ff3a9a6ac57fe16bd6626b)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=87f32eaf28c2165962c26446a098427b)

1. **Telemedicine from research to practice during the pandemic. "Instant paper from the field" on rehabilitation answers to the Covid-19 emergency.**  
   Negrini Stefano European journal of physical and rehabilitation medicine 2020;:No page numbers.

Covid-19 pandemic is creating collateral damage to outpatients, whose rehabilitation services have been disrupted in most of the European countries. Telemedicine has been advocated as a possible solution. This paper reports the contents of the third Italian Society of Physical and Rehabilitation Medicine (SIMFER) webinar on "experiences from the field" Covid-19 impact on rehabilitation ("Covinars"). It provides readily available, first-hand information about the application of telemedicine in rehabilitation. The experiences reported were very different for population (number and health conditions), interventions, professionals, service payment, and technologies used. Commonalities included the pushing need due to the emergency, previous experiences, and a dynamic research and innovation environment. Lights included feasibility, results, reduction of isolation, cost decrease, stimulation to innovation, satisfaction of patients, families, and professionals beyond the starting diffidence. Shadows included that telemedicine can integrate but will never substitute face-to-face rehabilitation base on the encounter among human beings; age, and technology barriers (devices absence, bad connection and human diffidence) have also been reported. Possible issues included privacy and informed consent, payments, cultural difficulties in understanding that telemedicine is a real rehabilitation intervention. There was a final agreement that this experience will be incorporated by participants in their future services: technology is ready, but the real challenge is to change PRM physicians' and patients' habits, while better specific regulation is warranted.

1. **The War on COVID-19 Pandemic: Role of Rehabilitation Professionals and Hospitals.**  
   Lew Henry L. American journal of physical medicine & rehabilitation 2020;:No page numbers.

The global outbreak of coronavirus disease (COVID-19) has created an unprecedented challenge to the society. Currently, the United States stands as the most affected country, and the entire healthcare system is affected, from emergency department, intensive care unit, post-acute care, outpatient, to home care. Considering the debility, neurological, pulmonary, neuromuscular and cognitive complications, rehabilitation professionals can play an important role in the recovery process for individuals with COVID-19. Clinicians across the nation's rehabilitation system have already begun working to initiate intensive care unit-based rehabilitation care and develop programs, settings and specialized care to meet the short- and long-term needs of these individuals. We describe the anticipated rehabilitation demands, and the strategies to meet the needs of this population. The complications from COVID-19 can be reduced by (1) delivering interdisciplinary rehabilitation that is initiated early and continued throughout the acute hospital stay, (2) providing patient/family education for self-care after discharge from inpatient rehabilitation at either acute or subacute settings, and (3) continuing rehabilitation care in the outpatient setting, and at home through ongoing therapy either in-person or via telehealth.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3ef38bf5e8bf6e1223d1166a582d68e7)

1. **What are we doing in the dermatology outpatient department amidst the raging of the 2019 novel coronavirus?**  
   Chen Yusha Journal of the American Academy of Dermatology 2020;82(4):1034.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3e4c8769c5e3b73834777d91fe851ba7)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=35ee76a5e960535bd5c25bc325dbff8a)

1. **[Expert recommendations on the management of patients with advanced non-small cell lung cancer during epidemic of COVID-19 (Trial version)].**  
   Lung Cancer Study Group Chinese Thoracic Society Chinese Medical Association Zhonghua jie he he hu xi za zhi = Zhonghua jiehe he huxi zazhi = Chinese journal of tuberculosis and respiratory diseases 2020;43(0):E031.

The outbreak of coronavirus disease 2019 (COVID-19) has become a public health emergency of major international concern. Given the systemic immunosuppressive state caused by malignancy and anticancer treatments, patients with advanced lung cancer may be at a higher risk of COVID-19 infection. During epidemic of COVID-19, a guideline for the optimal management of patients with advanced lung cancer urgently needs to be proposed to distinguish the symptoms of COVID-19 and the side effects of antitumor drugs. This network questionnaire survey was conducted on the lung cancer group of the Chinese Thoracic Society, Chinese Medical Association; the lung cancer group of the Chinese Society of Clinical Oncology Youth Committee; and the Chinese Respiratory Oncology Collaboration. 321 valid questionnaires were received. Based on the guidelines on lung cancer and the results of the questionnaires, a consensus was reached. During the epidemic of COVID-19, We recommended that patients with advanced NSCLC should be treated as outpatients as possible at the nearest medical center; Patients who need to be hospitalized for antitumor treatment should be excluded from COVID-19 infection; More intensive attention should be paid to identification of COVID-19-related symptoms and adverse reactions caused by the malignancy or antitumor treatments. Stronger personal protection should be made for advanced NSCLC patients; An intentional postponing of antitumor treatment should be considered according to patient performance status. Treatment strategies should be made according to different types of advanced NSCLC patients and efficacy and toxicity of drugs.

1. **[Follow-up testing of viral nucleic acid in discharged patients with moderate type of 2019 coronavirus disease (COVID-19)].**  
   Li Youjiang Zhejiang da xue xue bao. Yi xue ban = Journal of Zhejiang University. Medical sciences 2020;49(1):0.

OBJECTIVETo investigate the clinical outcome of patients with moderate type of corona virus disease 2019 (COVID-19) after discharge by retesting viral nucleic acid.METHODSSeven patients with moderate COVID-19 met the discharge criteria enacted by National Health Commission were quarantine in hospital for 7 days, then continuously quarantined at home for 4 weeks after discharged. During the three weeks of quarantined period, the symptoms and signs were documented; and sputum or nasal swab and feces samples were collected to test SARS-COV-2 nucleic acid by RT-PCR method.RESULTSThere were no symptoms and signs during the quarantine period in all 7 patients. However, respiratory swabs from 3 patients were confirmed positive of SARS-COV-2 nucleic acid at 5 to 7 days after they met the discharge criteria.CONCLUSIONSThe study indicates that there is a relatively high incidence of positive viral nucleic acid in patients met the discharge criteria, and it is suggested that patients met the current discharge criteria should be quarantined in hospital for another 7 days and the follow-up viral testing is necessary.

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## C. Search History

**NICE Evidence Search** at [www.evidence.nhs.uk](http://www.evidence.nhs.uk) searched using the terms *(covid\* or coronavirus\* or corona) and outpatient\** with [0 additional relevant results.](https://www.evidence.nhs.uk/search?from=01%2F01%2F2019&q=%28covid*+or+coronavirus*+or+corona%29+and+outpatient*&to=10%2F05%2F2020&Route=search&ps=100)

**Centre for Evidence Based Medicine** COVID-19 collection searched for the term *outpatient\**: <https://www.cebm.net/covid-19/> (0 results)

**LitCovid** searched for *outpatient\**: [https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum?text=outpatient\*](https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum?text=outpatient*) (0 additional results)

**HEE'S COVID-19 Search Bank** searched for the term *outpatient\**: <https://kfh.libraryservices.nhs.uk/covid-19-coronavirus/for-lks-staff/literature-searches/> (0 results)

**Knowledgeshare** searched for *COVID\* or Corona virus or coronavirus and outpatient\** (0 results).

**BMJ Best Practice** and **Dynamed** COVID-19 topics searched for *outpatient\** (0 additional results).

## Google searched for any NHS outpatient clinics for COVID-19 patients using the terms [*nhs covid-19 "outpatient clinic" discharge*](https://www.google.co.uk/search?ei=MSa4XoShFYiP8gK_krAw&q=nhs+covid-19+%22outpatient+clinic%22+discharge&oq=nhs+covid-19+%22outpatient+clinic%22+discharge&gs_lcp=CgZwc3ktYWIQA1CFGFj7KGClNWgAcAB4AIABXogB1QGSAQEzmAEAoAEBqgEHZ3dzLXdpeg&sclient=psy-ab&ved=0ahUKEwjE_Zmm1qnpAhWIh1wKHT8JDAYQ4dUDCAs&uact=5)

**Cochrane Library** searched (with 0 additional relevant results):

#1    MeSH descriptor: [Coronavirus] explode all trees    13  
#2    (corona or coronavir\* or covid\* or ncov OR novel betacov OR novel betacoronavirus):ti,ab,kw (Word variations have been searched)    774  
#3    MeSH descriptor: [Coronavirus Infections] explode all trees    131  
#4    #1 or #2 or #3    783  
#5    ("care in the community"):ti,ab,kw (Word variations have been searched)    80  
#6    ((follow\* OR after\* OR post) NEAR/3 discharg\*):ti,ab,kw (Word variations have been searched)    11516  
#7    ((outpatient\* OR "out patients"  OR "out patient" OR ambulatory) NEAR/3 (service\* OR clinic\* OR department\* OR "care facility" OR "care facilities" OR care OR manag\* OR test\* OR treat\* OR therap\*)):ti,ab,kw (Word variations have been searched)    23699  
#8    MeSH descriptor: [Outpatients] explode all trees    1169  
#9    MeSH descriptor: [Ambulatory Care] explode all trees    3591  
#10    MeSH descriptor: [Ambulatory Care Facilities] explode all trees    1806  
#11    #5 or #6 or #7 or #8 or #9 or #10    36074  
#12    #4 and #11    33

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | ("COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR "Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 23049 |
| 2. | Medline | (covid OR covid19 OR covid2019 OR novel coronavirus OR ncov OR 2019-ncov OR novel betacov OR novel betacoronavirus).ti,ab | 10456 |
| 3. | Medline | (covid\* OR corona OR coronavir\*).ti,ab | 27531 |
| 4. | Medline | exp CORONAVIRUS/ | 13072 |
| 5. | Medline | exp "CORONAVIRUS INFECTIONS"/ | 11624 |
| 6. | Medline | (1 OR 2 OR 3 OR 4 OR 5) | 36222 |
| 7. | Medline | exp "AMBULATORY CARE"/ OR exp OUTPATIENTS/ | 66583 |
| 8. | Medline | exp "AMBULATORY CARE FACILITIES"/ OR exp "OUTPATIENT CLINICS, HOSPITAL"/ | 54421 |
| 9. | Medline | ((outpatient\* OR "out patient\*" OR ambulatory) ADJ3 (service\* OR clinic\* OR department\* OR "care facilit\*" OR care OR manag\* OR "diagnostic test\*" OR treat\* OR therap\*)).ti,ab | 109518 |
| 10. | Medline | ("care in the community").ti,ab | 1047 |
| 11. | Medline | ((follow\* OR after\* OR post) ADJ (discharg\* OR "hospital discharg\*")).ti,ab | 35932 |
| 12. | Medline | (7 OR 8 OR 9 OR 10 OR 11) | 229998 |
| 13. | Medline | (6 AND 12) | 252 |
| 14. | CINAHL | ("COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR "Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 3870 |
| 15. | CINAHL | (covid OR covid19 OR covid2019 OR novel coronavirus OR ncov OR 2019-ncov OR novel betacov OR novel betacoronavirus).ti,ab | 524 |
| 16. | CINAHL | (covid\* OR corona OR coronavir\*).ti,ab | 3681 |
| 17. | CINAHL | exp CORONAVIRUS/ | 833 |
| 18. | CINAHL | exp "CORONAVIRUS INFECTIONS"/ | 3096 |
| 19. | CINAHL | (14 OR 15 OR 16 OR 17 OR 18) | 6228 |
| 20. | CINAHL | exp "AMBULATORY CARE"/ OR exp OUTPATIENTS/ | 62287 |
| 21. | CINAHL | exp "AMBULATORY CARE FACILITIES"/ OR exp "OUTPATIENT CLINICS, HOSPITAL"/ | 15861 |
| 22. | CINAHL | ((outpatient\* OR "out patient\*" OR ambulatory) ADJ3 (service\* OR clinic\* OR department\* OR "care facilit\*" OR care OR manag\* OR "diagnostic test\*" OR treat\* OR therap\*)).ti,ab | 42980 |
| 23. | CINAHL | ("care in the community").ti,ab | 3553 |
| 24. | CINAHL | ((follow\* OR after\* OR post) ADJ (discharg\* OR "hospital discharg\*")).ti,ab | 16289 |
| 25. | CINAHL | (20 OR 21 OR 22 OR 23 OR 24) | 123735 |
| 26. | CINAHL | (19 AND 25) | 82 |
| 27. | CINAHL | (19 AND 26) | 82 |
| 28. | EMBASE | ("COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR "Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 21575 |
| 29. | EMBASE | (covid OR covid19 OR covid2019 OR novel coronavirus OR ncov OR 2019-ncov OR novel betacov OR novel betacoronavirus).ti,ab | 7483 |
| 30. | EMBASE | (covid\* OR corona OR coronavir\*).ti,ab | 28675 |
| 33. | EMBASE | exp \*CORONAVIRINAE/ | 8395 |
| 34. | EMBASE | exp \*"CORONAVIRUS INFECTION"/ | 7343 |
| 35. | EMBASE | (28 OR 29 OR 30 OR 33 OR 34) | 35437 |
| 36. | EMBASE | ((outpatient\* OR "out patient\*" OR ambulatory) ADJ3 (service\* OR clinic\* OR department\* OR "care facilit\*" OR care OR manag\* OR "diagnostic test\*" OR treat\* OR therap\*)).ti,ab | 161663 |
| 37. | EMBASE | ("care in the community").ti,ab | 2405 |
| 38. | EMBASE | ((follow\* OR after\* OR post) ADJ (discharg\* OR "hospital discharg\*")).ti,ab | 44258 |
| 39. | EMBASE | exp \*OUTPATIENT/ | 14659 |
| 40. | EMBASE | exp \*"OUTPATIENT CARE"/ | 5689 |
| 41. | EMBASE | exp \*"OUTPATIENT DEPARTMENT"/ | 12524 |
| 42. | EMBASE | (36 OR 37 OR 38 OR 39 OR 40 OR 41) | 223682 |
| 43. | EMBASE | (35 AND 42) | 226 |
| 44. | EMCARE | ("COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR "Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome").ti,ab | 3237 |
| 45. | EMCARE | (covid OR covid19 OR covid2019 OR novel coronavirus OR ncov OR 2019-ncov OR novel betacov OR novel betacoronavirus).ti,ab | 1035 |
| 46. | EMCARE | (covid\* OR corona OR coronavir\*).ti,ab | 3546 |
| 47. | EMCARE | exp \*CORONAVIRINAE/ | 853 |
| 48. | EMCARE | exp \*"CORONAVIRUS INFECTION"/ | 2292 |
| 49. | EMCARE | (44 OR 45 OR 46 OR 47 OR 48) | 5369 |
| 50. | EMCARE | ((outpatient\* OR "out patient\*" OR ambulatory) ADJ3 (service\* OR clinic\* OR department\* OR "care facilit\*" OR care OR manag\* OR "diagnostic test\*" OR treat\* OR therap\*)).ti,ab | 44223 |
| 51. | EMCARE | ("care in the community").ti,ab | 1208 |
| 52. | EMCARE | ((follow\* OR after\* OR post) ADJ (discharg\* OR "hospital discharg\*")).ti,ab | 12910 |
| 53. | EMCARE | exp \*OUTPATIENT/ | 7315 |
| 54. | EMCARE | exp \*"OUTPATIENT CARE"/ | 2444 |
| 55. | EMCARE | exp \*"OUTPATIENT DEPARTMENT"/ | 6183 |
| 56. | EMCARE | (50 OR 51 OR 52 OR 53 OR 54 OR 55) | 67083 |
| 57. | EMCARE | (49 AND 56) | 37 |
| 58. | AMED, BNI, HMIC, PsycINFO | ((covid\* OR corona OR coronavir\* OR covid OR covid19 OR covid2019 OR novel coronavirus OR ncov OR 2019-ncov OR novel betacov OR novel betacoronavirus OR "COVID-19" OR Coronavirus OR "Corona virus" OR "2019-nCoV" OR "SARS-CoV" OR "MERS-CoV" OR "Severe Acute Respiratory Syndrome" OR "Middle East Respiratory Syndrome") AND (((outpatient\* OR "out patient\*" OR ambulatory) ADJ3 (service\* OR clinic\* OR department\* OR "care facilit\*" OR care OR manag\* OR "diagnostic test\*" OR treat\* OR therap\*)) OR "care in the community" OR ((follow\* OR after\* OR post) ADJ (discharg\* OR "hospital discharg\*")))).ti,ab | 94 |

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