# Discharge of patients with confirmed COVID-19

## *Executive summary*

## Introduction

This guideline is intended to guide doctors and nurses through the processes of discharging a patient who either has no further need for admission to hospital or who has recovered from COVID-19.

## Target users

* Doctors
* Nurses

## Target area of use

* Ward

## Key areas of focus / New additions / Changes

The guideline outlines the preparation for discharge, the documentation that is required and the discharge processes the patient must pass through.

## Limitations

None

## When to discharge

Discharge criteria are dependent on the clinical condition and time since both onset of and last COVID symptoms. CSD are following WHO discharge criteria for all COVID-19 cases regardless of isolation location or disease severity. If a patient has recovered enough that they no longer need admission and they are able to safely continue self-isolation at home, they can be discharged from hospital for the remainder of this period.

* Symptomatic patients
  + 10 days after symptom onset, plus at least 3 additional days without symptoms (fever or respiratory symptoms). E.g. If no symptoms on day 10 after onset, can be discharged 3 days later (day 13). If has symptoms resolve on day 12, can be discharged on day 15 if no further symptoms.
* Asymptomatic patients:
  + 10 days after positive test for SARS-CoV-2

For the purposes of discharge and self-isolation, symptoms are considered to be fever, shortness of breath, chest pain or sore throat. As it is well recognized that cough, loss of smell and taste can continue for weeks following SARS-CoV-2 infection, resolution of these specific symptoms are not required before discharge.

Repeat COVID-19 testing is not required unless indicated by a senior doctor to help guide whether ongoing symptoms are COVID related. For patients with other co-morbidities e.g. active TB, this may be helpful. In this case, one negative COVID-19 PCR test may be useful, but ongoing positive PCR tests in the context of resolution of symptoms does not indicate that the patient is still infectious and should not be used to decide discharge.

Patients will be considered clinically ready for discharge when they are stable in room air (no oxygen or respiratory support needed), vital signs are in normal range for previous 24h and no intravenous medications or treatments are required. The decision for discharge should be made by the most senior doctor responsible for the patient.

## How to discharge the patient

If discharge of a patient is expected to be complicated or logistically challenging, start the discharge process and discussions with patient and family as soon as possible. This is necessary to ensure appropriate transport is arranged and avoid delays to discharge.

Use this planner to help guide discharge planning (there is a reminder of the key aspects which can be pasted into EMRS on sharepoint).

1. **Inform the patient** and their family that they are fit for discharge and give an expected discharge date. Ask the family liaison team to communicate with the family (MeG-CLS-089) to inform them of the planned discharge and bring clean clothes and shoes to CSD. If they cannot bring clean shoes, the shoes the patient is wearing will be cleaned as they leave. This should be done as soon as possible, to give the family sufficient time to prepare and to avoid discharge delays
2. **Counsel the patient** about what to expect after discharge and provide safety netting. Explain:
   * They are fit to continue their recovery at home, but may require help at home until fully recovered.
   * Full recovery may take several weeks or months, particularly for resolution of cough, reduced exercise tolerance and lethargy. Prepare the patient that he/she may not be back to full health for some time.
   * Be alert for the following signs and symptoms and seek medical care immediately if:
     + One or both legs become swollen, red or painful.
     + Develop new shortness of breath and/or chest pain.
     + Speech becomes slurred, confused or unable to move limbs as normal.

Give an emergency contact number. Members of the general public should be given the ward phone number (4497114). Staff should be given the COVID hotline number (1999 or 4495445).

1. **Inform the patient** of medications and follow-up plans.
   * Check that any medications have been prescribed and patients know for how long they should take them and at which dose.
   * Most patients will not need a follow up appointment, but if one is needed, give a follow-up appointment and document it on EMRS – the nurses should prepare a card for the patient with the date.
2. If the patient has had an escort on the ward with them, explain that they will need to pass through the discharge procedures below as well as the patient. Also explain that they will need to self-isolate for 14 days after discharge (in case they have acquired infection in the last few days of the admission).
3. A nurse or nursing auxillary should **assist the patient** to leave the hot zone, taking care that any patient possessions are cleaned in the doffing area or sealed in a clean bag and the patient given instructions not to open it for 4-5 days. Patients should only leave the hot zone when clean clothes/shoes and transport are available.
   * Health personnel to wear 2 pairs of gloves and help the patient to remove their items as per SOP-AIR-008.
   * Ask the patient to take a shower with soap outside the doffing area and put on a clean set of clothes and shoes.
   * Give the patient their personal items once they have finished doffing and showering.
   * Escort the patient to the waiting transportation, maintaining physical distancing at all times.
4. Check all other documentation is complete:
   * Discharge documented on EMRS
   * ISARIC CRF (once in use)
5. Inform the following people about discharge:
   * If MRC staff member inform SCRIC team on 1952
   * Consultant on call (7111440) to inform MOH EDC team of discharges / admissions on daily basis.
   * Study teams if the patient is enrolled into any research projects.

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