Post-acute care: Short-term care

- **Follow-up**
  - All hospitalized patients will have an appointment at Respiratory Clinic (RC) in the first 24-48 hours post-hospitalization
    - Add blood pressure to routine vitals at RC
  - After this first appointment, the patient will continue to have follow-up appointments at either Respiratory Clinic or via televisit with Community Management providers depending on risk and acuity
  - Patient will be transitioned to PCP upon clinical determination of stability not requiring frequent management (and at least beyond day 14 of COVID clinical course)

- **Oxygen monitoring and in-home supplementation:**
  - If supply allows, all patients should be provided with the following:
    - Home O2 sat monitor; see [Home O2 monitor dispensing criteria](#)
      - Have patients monitor O2 sats with activity, at rest, and when breathing through their nose
    - Incentive spirometry
  - For patients who are discharged on supplemental O2
    - Once demonstrated stability on room air, supplemental home O2 can be discontinued
      - Discontinue supplemental home oxygen when rest and walking O2 sat are > 88%
      - Advise patient to keep O2 in house for one week after discontinuing, in case they have a recurrent need for home O2
      - See [Instructions for Returning O2 tanks](#)
    - If VNA is involved, they can do room air trials with patient

- **Nutrition:** anorexia and anosmia may persist for weeks post-hospitalization
  - Assess for food scarcity, other barriers such as loss of income and/or social isolation are barriers > use smartphrase in Epic .COVIDFOODINSECURITY if this has not yet been completed at a previous visit
  - See [Food Resources](#)

- **Deconditioning:**
  - Assess post-hospitalization functional status as compared with baseline functional status
    - ADL assessment
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- Assess O2 requirements with exertion
  - If patients cannot complete 1+ ADL, or if patient would otherwise benefit from PT, place Urgent PT referral in Epic (televisits only for now)
  - Provide patient education around energy conservation for ADLs (e.g. showering and dressing may be difficult for energy and breathing due to the heat in the shower)
  - Encourage frequent ambulation and low-impact workouts as tolerated (as of 5/7, patient instructions under development)

- Other interventions:
  - Positional change and having family members administer chest PT may be helpful for patients: [Self-proning instructions in 4 languages](https://example.com)

- Medications:
  - Anti-tussives: cough will often persist for weeks; anti-tussives can help with symptom management, sleep, reduce aspiration risk, etc
  - Anticoagulation:
    - if patient was receiving anticoagulation during hospitalization, determine length of time to continue anticoagulation
    - If patient was taking ASA and/or statin prior to being diagnosed with COVID, ensure that they are compliant with medications

- Behavioral Health: PTSD, anxiety and depression have all been noted post-SARS, thus it is anticipated that patients with COVID may also have behavioral health needs
  - PCBHI referral: [acute and non-acute PCBHI referral](https://example.com)

- Quarantine / isolation precautions for discharged patients
  - Patients should self isolate from other individuals in their home for at least 10 days after the onset of symptoms and for 3 days after the resolution of fever (without antipyretic medication), vomiting and diarrhea.
  - Patients should continue to self-isolate until symptoms such as shortness of breath and cough are improving consistently over at least 3 days
    - Patients should continue to wear a mask for as long as cough persists
  - If the patient lives with other people in their home:
    - All household members should quarantine for 14 days from the onset of the patient's first symptoms if they have been continuously exposed or 14 days after first contact if intermittently exposed
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Addendum 1: On-site medications at Respiratory Clinic and CHA pharmacy information

On Site medications for dosing in clinic:

- Prednisone 20mg tablets
- Prednisolone syrup 15mg/5cc
- Dexamethasone injectable 4mg/cc
- Acetaminophen tablets (325) and liquid (160mg/5cc)
- Ibuprofen tablets (200) and liquid (100mg/5cc)
- Narcan nasal spray
- Albuterol MDI*
- Ipratropium MDI*
- Combivent MDI*
- Spacers (for use with ALL MDI)*

*MDI and spacers will be sent home with patients

Information:

- Offer patient options - delivery, curbside, or have friend/family pick up meds
- If delivery option, assume patient may not receive meds until following day (check with pharmacies to determine home delivery date given possibility of back-log) Discuss process for delivery with patient

CHA PHARMACY INFO

- **Cambridge Hospital**: M-F 830a-8p and Sa/Su 9a-3p  617-665-1438
- **Gore Street** (East Cambridge) M-F 8-5  163 Gore St, Cambridge 617-499-6690
- **Malden** M-F 8-5, 195 Canal Street, Malden 781-338-8990

Pharmacy Pick-up, Delivery and Curbside Information:

1. Cambridge East and Malden Offer Curbside Pick-up (see hours above)
   - a. Patient drives up to curbside
   - b. CH staff greets patient
   - c. Patient informs staff member that they are there for pick-up
   - d. Staff will go in and get medication for patient
   - e. Give 1 hour minimum so prescriptions are ready

2. CHA Pharmacy Delivery
   - a. All medications can be delivered if prescribed prior to 12 pm or will be delivered the next day. Meds can be delivered statewide.
   - b. Provider prescribes medication to appropriate CHA pharmacy (if they live close to Malden, prescribe to Malden pharmacy). This is not very important. Pharmacies do communicate with each other.
   - c. Patient has to call CH pharmacy to confirm medication delivery, confirm that they will stay home the day of delivery, and discuss payment.
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i. CH pharmacy number (617) - 665 -1438

ii. Malden Pharmacy: 781-338-8990

d. Patient can request preferred language when the pharmacist picks up the phone