

TITLE	COVID-19 Treatment Recommendations
TODAY'S DATE	April 29, 2020
SECTION	<input checked="" type="checkbox"/> Organization Wide <input type="checkbox"/> Emergency Department <input type="checkbox"/> Inpatient <input type="checkbox"/> Ambulatory <input type="checkbox"/> Nursing <input type="checkbox"/> Medical staff [physicians and advance care practitioners]

APPLICABLE LOCATIONS <input checked="" type="checkbox"/> All Bozeman Health locations <input type="checkbox"/> Bozeman Health Deaconess Hospital <input type="checkbox"/> Big Sky Medical Center	<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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CONTRIBUTORS	Dr. Lowe, Dr. Crites, Dr. Bertany
APPROVED BY	Incident Command
APPROVAL DATE	April 29, 2020

PURPOSE:

The purpose of this policy is to provide broad treatment guidance for management of patients diagnosed with COVID-19 or patients under investigation for suspected COVID-19, throughout the COVID-19 pandemic. This policy will span the period of time during reopening of the Bozeman Health ambulatory clinics and surgical services to non-essential/non-emergent services, in a safe thoughtful manner.

POLICY/PROTOCOL:

- Patients with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and many patients will be able to manage their illness at home. The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and the ability of the patients to self-isolate at home. Patients with risk factors for severe illness should be monitored closely given the possible risk of progression to severe illness in the second week after symptom onset.
- There are no FDA-approved or clinically proven therapies for treatment of SARS-CoV-2. Clinical trial data is rapidly emerging, and these guidelines will be updated frequently.
- See [CDC](#) treatment recommendations
- Post exposure prophylaxis of COVID-19 is not currently recommended. Several trials of post exposure prophylaxis are currently underway or are planned.
- There are reports of NSAID use preceding clinical deterioration in some patients with severe SARS-CoV-2 disease, however insufficient evidence to recommend against the use of NSAIDs in all SARS-CoV-2 patients. Consider use of acetaminophen instead of NSAIDs.
- ACEI/ARB: Insufficient evidence to recommend altering therapy in those already taking these medications. NOT recommended to start these medications in SARS-CoV-2 patients naive to them.

When can a patient with SARS-CoV-2 discontinue home isolation?

- Patients with SARS-CoV-2 who have symptoms and are directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms
- AND at least 7 days have passed since symptoms first appears
- This is in accordance with the [CDC](#) and [MT department of health](#) statements on this issue

Outpatient/viral triage clinic

- For outpatients with SARS-CoV-2, we do not recommend pharmaceutical therapy. Supportive care typical of respiratory viruses is appropriate. Home isolation and hygiene principles are paramount.
- .covidpositiveresult includes the principles of outpatient treatment and can be included in the patient's AVS.
- For patients evaluated in the Viral Triage Clinic with indications, for admission, follow the Direct Admission for Viral Triage Clinic Policy (referenced below)

Inpatient and ICU guidelines

- See [CDC](#) treatment recommendations
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#clinical-management-treatment%3c>

Discharge planning

- For patients diagnosed with COVID-19 or patients under investigation for suspected COVID-19, Case Management/Discharge Planning should be consulted at the time of admission or as soon as the diagnosis is known or suspected
- All communications with patients and family will be conducted telephonically by the Case Management team.
- Some patients may require repeat COVID-19 testing prior to facilitate planning of their discharge disposition

OTHER POLICIES/PROTOCOLS TO REFERENCE:

Direct Admission from Viral Triage Clinic

<https://mind.bozemanhealth.org/departments/quality/services/ip/covid/cc/KarlMike%20docs/Departmental/Inpatient/BH%20Inpatient%20COVID%20ED%20and%20DIRECT%20ADMISSION%20FROM%20VIRAL%20TRIAGE%20CLINIC.pdf>

Management of symptomatic patients with COVID-19 or PUI

<https://mind.bozemanhealth.org/departments/quality/services/ip/covid/cc/KarlMike%20docs/Departmental/Inpatient/BH%20Inpatient%20Management%20of%20symptomatic%20patients%20with%20COVID-19%20or%20PUI.pdf>

Management of Cardiology Patients during COVID-19 Pandemic

<https://mind.bozemanhealth.org/departments/quality/services/ip/covid/cc/KarlMike%20docs/Departmental/Ambulatory/BH%20Departments%20Ambulatory%20Management%20of%20Cardiology%20Patients.pdf>

Stroke Alert ED Response and Admission Surge Plan

<https://mind.bozemanhealth.org/departments/quality/services/ip/covid/cc/KarlMike%20docs/Departmental/ED/BH%20ED%20COVID-19%20RESPONSE%20BDH%20Stroke%20Response.pdf>

CDC patient handouts

- [Stop the spread of germs](#)



- [Share facts about COVID-19](#)
- [COVID-19 symptoms](#)
- [COVID-19 fact sheet](#)
- [Sick with COVID-19 fact sheet](#)

SCOPE:

We anticipate these adjustments to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.