

REVIEWED AND CURRENT COVID-19 POLICIES

| TITLE | | Management of Symptomatic Patients with COVID-19 or PUI | | | |
|-------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------|----------------------|--|------------------------------------------|
| TODAY'S DATE | | July 13, 2020 | | | |
| SECTION | | ⊠Organization Wide | □PPE | | □OB/GYN |
| | | ☐Emergency Department | □Surgery | | |
| | | □Inpatient | \square Ambulatory | | |
| | | □Nursing | ☐Medical staff [phy | | ysicians and advance care practitioners] |
| | | | | | |
| APPLICABLE | CABLE All Bozeman Health locations | | | | ☐ Belgrade Clinic + UrgentCare |
| LOCATIONS | CATIONS Bozeman Health Deaconess Ho | | pital | | ☐ Hillcrest Senior Living |
| ⊠Big Sky M | | g Sky Medical Center | | | □b2 UrgentCare □b2 MicroCare |
| | | | | | |
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| | | DavidCrites, Dr. Karli Edholm, Dr. Dan Mitchell, Rebecca Williamson | | | |
| APPROVED BY | | Above, Kallie Kujawa | | | |
| APPROVAL DATE | | April 15, 2020 | | | |
| | | | | | |
| PURPOSE: | | | | | |
| To risk stratify patients with COVID-19/PUI and direct treatment. | | | | | |
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| POLICY/PROTOCOL: | | | | | |
| Next page. | | | | | |

NOTES:

OTHER POLICIES/PROTOCOLS TO REFERENCE:

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.



