



## **Guidelines for Patients with COVID-19 Suspected or Confirmed Infection in the Ambulatory Environment**

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### **What do I do if the clinic is aware that a patient with respiratory symptoms or fever (i.e., possible COVID-19) is coming in for evaluation? (ANNOUNCED)**

- Prior to scheduling an appointment, ensure that your staff are currently trained on appropriate donning and doffing of PPE and how to safely obtain a nasopharyngeal specimen.
- Schedule the appointment and instruct the patient NOT to enter the main waiting room but to call the clinic from the car upon arrival to the parking lot.
- If a back door to the clinic is available, have the clinic staff who will be assessing the patient put on (don) the appropriate PPE and meet the patient to be screened at the back door.
  - If you do not anticipate having to touch the patient, appropriate PPE would be an N-95 mask
  - If you anticipate having to touch the patient (i.e. assist to a wheelchair) a gown, gloves and N-95 would be appropriate.
- Prior to stepping into the clinic, the patient should be given a surgical mask and be asked to perform hand hygiene with hand sanitizer.
- Escort the patient immediately to a private room and close the door.
  - Use a negative pressure room if available
  - Use contact and airborne isolation signage (Available on COVID-19 resource page)
  - Utilize the correct PPE (i.e., disposable gown, gloves, N-95 respirator and face shield/eye protection)
- Review the [COVID-19 Testing Guidance](#) document for instructions regarding screening and guidance for testing the patient for COVID-19.

## What do I do with patients who schedule an appointment for non-COVID reasons?

- Ask the patient, “Do you have a fever, cough or shortness of breath?”
  - Yes - If patient answers yes, provide the patient a mask, ask them to perform hand hygiene and escort them to a designated room right away.. Immediately notify office staff to initiate COVID-19 Person Under Investigation (PUI) screening protocol.
  - No – continue checking in the patient as per standard protocol including COVID-19 screening questions:
    - In the last month, have you travelled to an area with widespread outbreak or have had close contact with a person known to have: Coronavirus (COVID-19), Middle East Respiratory Syndrome (MERS) or Ebola Virus Disease?
    - Have you traveled outside of the country within the last month?
- If the symptoms or travel screen is positive for a risk of COVID-19:
  - Front office personnel should ensure that the patient is wearing a mask and they should escort the patient to a prepared room immediately
  - Use a negative pressure room if at all possible and place contact and airborne isolation signage on the door.
  - Immediately instruct identified clinic staff to put on (don) PPE in preparation for further evaluation as the patient is now a PUI
- Review the [COVID-19 Testing Guidance](#) document for instructions regarding screening and guidance for testing the patient for COVID-19.

## How do I collect a specimen for COVID-19 testing from the patient?

- A nasopharyngeal (NP) swab is the preferred test to evaluate for COVID-19 infection.
- Prior to collecting the NP specimen from the patient, be sure to review the [NP specimen collection video](#) and the [step-by-step infographic](#) which serves as a good reminder

## How will the patient be notified of the test results?

- You should follow standard clinic protocols and processes for notifying patients of COVID-19 test results. Patients should be notified of both positive and negative results.

## What instructions should I provide the patient who is going home?

- Only patients who meet requirements for inpatient level of care should be admitted into the hospital. Not all patients with a positive COVID-19 test or those who are a PUI need to be admitted.

- To learn more about how to effectively manage outpatients who have been tested or are suspected to have COVID-19, please use the [Outpatient Management of COVID-19](#) guidance document provided on the Nebraska Medicine website.
- For detailed instructions to provide to patients who have been tested for COVID-19 but do not need hospitalization, utilize the [Instructions for Patients](#) resource document provided on the Nebraska Medicine website.
- For detailed instructions to provide to caregivers of those who have been tested for COVID-19, utilize the [Instructions for Caregivers](#) resource document provided on the Nebraska Medicine website.

### **How do I clean the room after the patient leaves?**

- To clean an examination room after a patient who has been tested for COVID-19 leaves the clinic, refer to the [COVID-19 Room Cleaning](#) guidance document for specific recommendations.
- Ideally, all materials that cannot be wiped clean with a cloth (e.g., magazines, books, curtains, cloth chairs) will have been removed from the room prior to the patient entering.
- Be sure to wipe all items and observe a 3-minute wet time for all horizontal surfaces, bed/exam table, counters, chairs, wall mounted equipment (wipe each individual device and cord), wall around exam table, cabinet handles, drawer handles, door handles, sink handles and faucet, sink basin, computer, mouse, keyboard and computer stand, light switch, items dedicated to the room (e.g., stethoscope) and reusable eyewear that is left in the room.

### **Can patients who have recently traveled be seen in clinic?**

- While it would be ideal to have the patient self-isolate at their home residence for 14 days prior to arrival to UNMC/NM to minimize the risks of entering with undiagnosed, asymptomatic COVID-19 infection, not all patients will be able to do so.
- For those in whom clinical care becomes necessary before a 14 day self-isolation is completed, the patient should be screened by phone to ensure they have not developed symptoms of or been diagnosed with COVID-19. The patient should be instructed to call ahead if they develop symptoms before the visit. If symptomatic, the patient should call ahead and, if possible, be evaluated in a negative pressure setting with personnel using N95, faceshield, gown and gloves. This may necessitate evaluation in other setting such as a Wave 1 clinic or the Emergency Department. If the symptomatic patient needs admission, the patient would be admitted to COVID rule-out status. Please to the [Nebraska Medicine COVID-19 resource page](#) for further details.

- For those in whom clinical care becomes necessary before a 14 day self-isolation is completed and who are asymptomatic, they can proceed to enter through the standard entry points and will be asked to wear a mask for the duration of their visit.