**APPENDIX 1: COVID-19 Ambulatory Triage Protocol**

This document describes the approach that we took to determining which patients needed an in-person visit at CCF clinic, and which patients could be managed by telemedicine alone. This protocol was based on the guidelines disseminated by our hospital system and medical school, while also taking into account the capabilities of our practice. These guidelines were current as of March-May 2020, when testing resources were still limited. Subsequent testing guidelines evolved significantly after this time period.

**COVID-19 Ambulatory Testing and Management Guidelines**

(WCIMA guidelines based on NYP/WCM/CU guidelines)

**Clinical Scenarios:**

1. Asymptomatic patients without exposure to confirmed COVID patient or PUI[[1]](#footnote-1)
	1. Do not test for COVID
	2. If becomes symptomatic, see scenarios 3-5.
2. Asymptomatic patient with exposure[[2]](#footnote-2) to confirmed COVID patient or PUI
	1. Do not test for COVID
	2. Quarantine for 14 days (using CDC guidance)
	3. If becomes symptomatic, see scenarios 3-5.
3. Low risk patient (without significant comorbidities, under age 65) with mild symptoms (typical URI sx, fever less than 102, no shortness of breath)
	1. Do not test for COVID
	2. Manage symptomatically at home through telemedicine
	3. Isolate at home
	4. If significant worsening, see scenario 4.
4. Low risk patient (without significant comorbidities, under age 65) with moderate-severe symptoms (fever >102, cough, SOB, GI symptoms, etc)
	1. Consider empiric treatment for influenza or pneumonia (if visit is via video or phone)
	2. Isolate at home
	3. Consider in-person evaluation in CCF clinic, including diagnostic testing with rapid flu test, respiratory viral panel, labs, CXR and COVID PCR testing, as clinically indicated.
5. High risk patients (65 and over, COPD, diabetes, cardiac disease, immunocompromised) with mild symptoms
	1. Consider empiric treatment for influenza or pneumonia (if visit is via video or via phone).
	2. Isolate at home
	3. Consider in-person evaluation in CCF clinic, including diagnostic testing with rapid flu test, respiratory viral panel, labs, CXR and COVID PCR testing, as clinically indicated.
	4. Frequent telemedicine check-ins to monitor for symptoms that would warrant revisit or referral to the ED.
6. High risk patient with moderate-severe symptoms (fever > 102, cough, SOB)
	1. If SOB, direct to the ED.
	2. If not SOB, use clinical judgment to determine whether patient should come into CCF clinic or should be directed to the ED.

NOTE: If the patient does not otherwise meet eligibility for COVID testing but lives with a high-risk family member (age > 65, COPD, cardiac disease, immunocompromised etc.) consider COVID testing only if it will impact patient management such as proper isolation from the family member and only if supplies of PPE and/or testing supplies will allow.

1. Persons Under Investigation (or PUI) is defined as an individual who has undergone testing for COVID-19 [↑](#footnote-ref-1)
2. Exposure to a confirmed COVID patient requires close contact (within 6 feet) for prolonged period of time (lives with, shares office with, shares waiting area) [↑](#footnote-ref-2)