**APPENDIX 2: Cough Cold Fever Clinic Protocol for Providers**

This protocol changed many times during the months of the pandemic peak as we learned from our experience, as availability of testing and PPE changed over time, and as guidelines from the hospital, the NY Department of Health, and the CDC changed. The version included here was the final version as of 5/5/2020. It has been lightly edited to remove some information that was extremely specific to our clinic, such as room numbers, phone numbers, specific providers’ names, or the name of our particular electronic medical record (referred to as simply “EMR” in this document).

The original protocol contained numerous links to guideline documents or to more detailed instructions for certain portions of the work flow. These links are shown in this version of the document, although the linked pages or documents are not included here.

A log of the major changes to the protocol is included at the end of the protocol.

NB: The abbreviation WCIMA stands for Weill Cornell Internal Medicine Associates, the name of our combined faculty/resident primary care practice.

**Step-by-Step Guide for Physicians & NPs**

**Staffing WCIMA Cough/Cold/Fever (CCF) Clinic**

**Last Updated: 5/5/2020**

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1. **MD/NP CCF Clinic Staffing Schedule**

Located here: [CCF Schedule](https://docs.google.com/spreadsheets/d/1Mip4JxQ_cjKEGXqGQZzjX5BE4qErTIY5t-hM0T4PH7c/edit?usp=sharing) AM session from 9:00 AM to 1:00 PM

PM session from 1:00 PM to 6:00 PM

1. **Review Latest Testing/Management Guidelines**

See links here

**Bottom line:** Testing may be considered for any patient with symptoms suggestive of COVID-19. It is especially important to test patients when it would change clinical management or is relevant for isolation & public health. This includes, but is not limited to: pts getting chemo or radiation therapy, pts on immunosuppression, pts on hemodialysis (The dialysis center is cohorting COVID+), pts living in group settings (homeless shelter, group home), pts w/vulnerable family members, and pts where the dx is in question, and pts who are healthcare workers or front-line workers.

* **ER’s current guidelines:** ER COVID evaluation pathway

The ER is sending some pts home with resting O2 sat > 94%, and exertional sat > 90%, if no other indications for admission (some are going home with pulse oximeter and/or O2 tank).

1. **Getting Started**
* Please arrive in the CCF Area a few minutes before scheduled start time.
* Wear comfortable clothes with short sleeves (eg scrubs or similar). Tie long hair back.
	+ Scrubs available. Return to the hamper at end of shift to be laundered by the hospital.
* Each MD/NP should select a computer workstation that will be theirs for the shift.
	+ Make sure you can log into the EMR at workstation and view the schedule (see next step for details).
	+ Make sure you have the list of important phone numbers (should be taped at your workstation).
	+ Phone #s also available here: W[CIMA CCF Clinic Resources](https://docs.google.com/document/d/1LHkbXXOOM0YYq3N4boPJq8Vc2E_EeWVDHdXBH4xVVak/edit?usp=sharing)
	+ There is a white board on the wall showing exam room assignments & pt locations. (Talk to your team about how you are assigning pts & rooms).
	+ One attending is always designated as “Charge MD” - this person will help manage pt flow, keep track of which MD/NP is seeing which patient.
	+ Join the Nurses, Techs, and Registrars for a huddle at 9am and 6pm.
1. **View Patients on the Schedule**
* Patients will be put on the “WCIMA OVERFLOW APPOINTMENTS” shared schedule
	+ Click here for detailed instructions: [How to view WCIMA Overflow schedule](https://docs.google.com/presentation/d/1gOPEaNajUOqfvQpGI8HGzbXxYW52MZYsxwaxCq9ktR8/edit?usp=sharing)
* Some patients will be scheduled in advance (pts referred by our providers or subspecialists).
* Patients sent over by the ER will appear on the schedule once they are registered at the clinic.
1. **Patient Arrival and Flow**
* Upon patient’s arrival, greeter will ensure patient is masked and sanitizes hands. 
* Patient will be registered by registrar outside CCF.
* Tech will escort patient to an exam room, and will notify Charge MD who will ensure a provider picks up the patient.
* White board near shows pt location & which provider is seeing them.
* Do NOT select the “change provider to me” option at this point. (Doing so will remove the patient from the shared schedule and put it on your personal schedule. We want to keep all patients on the shared schedule to monitor patient flow).
* Please use dot system (slightly modified).
1. **Interview the Patient from Outside the Room**
* Call the patient’s exam room phone from the landline at your workstation (see [list of phone #s](https://docs.google.com/document/d/1LHkbXXOOM0YYq3N4boPJq8Vc2E_EeWVDHdXBH4xVVak/edit?usp=sharing)).
* Ask the pt to confirm their name & DOB. Match this to the EMR chart you are opening.
* Take your history.
1. **Start Your Note While you Interview**
* Use the dot-phrase “.COVID19ASSESSMENTNOTEAMB.” Type this dot-phrase directly into the progress note and use F2 to navigate through the sections.
* (You do NOT need to complete the individual sections of the visit navigator - HPI, Exam, A&P, etc - because they are all included in the dot-phrase.)
1. **Enter Any Initial Orders**
* If you know you are going to be swabbing for COVID, enter this order now. (Remember outpatient testing should still be limited, see guidelines).
* For COVID swab, order: “**SARS-COV-2 RT-PCR.**” (Choose the NYP Lab option).
* We are NOT ordering any respiratory viral panels (non-COVID).
1. **Obtain Labeled Swabs If Known to be Needed**
* If you know you are going to be swabbing for COVID (or strep), ask a nurse/tech to get you the tubes and labels before you enter the exam room. Labels should be on the tubes before entering.
1. **Don PPE**
* You will need to put on a gown, gloves, and surgical mask with visor over top of your N95. All are located in a cart in the hallway. **If you need a new N95, ask the charge nurse for one. Please try to make your N95 last as many days as possible.**
1. **Enter the Exam Room and Verify Patient Identity**
* Patient should have an ID wrist band that is placed by greeter or tech on arrival. Verify with the patient that name and DOB are correct.
1. **Open the EMR on Exam Room Computer (OPTIONAL)**
* You may want the EMR open to chart vitals, enter additional orders, and print discharge instructions.
* ALTERNATIVELY: There is a paper and pen in each room where you can write down the vitals if you don’t want to use the computer. You can later call the pt from outside the room and have them read these vitals to you while you enter them in the computer at your workstation.
1. **Obtain Vitals**
* Every room contains a wall-mounted manual BP monitor with two cuff sizes, a stethoscope, a pulse oximeter, and a thermometer.
* To check exertional O2 sat, have patient walk in place for 1 min, INSIDE the exam room.
* For patients sent over from the ER, the CCF nurses will try to enter the ER vitals into the EMR for you to review (or give them to you on paper). You may not need to repeat all the vitals in a very stable patient (although probably still wise to repeat pulse ox/HR and temp at least).
1. **Perform Focused Physical Exam**
* Patient will have been instructed by tech to disrobe from waist up (gowns for women).
* Perform only the pertinent physical exam maneuvers, particularly lung exam.
1. **Enter Any Additional Orders (Swabs, Labs, Xray, Rxs)**
* For COVID swab, order: “**SARS-COV-2 RT-PCR.**”
* Order any necessary blood, urine, or strep tests as usual (DO NOT order respiratory viral panel).
* For a CXR to be done in CCF, order: "**XR CHEST 1-View (PA only)**"
* \*\*For pts referred by the transplant team, the referring team will usually future-order the labs they want. The CCF techs should release these orders. The CCF providers should NOT re-order these labs.\*\*
* For any patient referred by a subspecialist, it may be helpful for you to enter the subspecialists name into the routing section of any orders you place, so that they will receive results in their inbox. (See [detailed instructions for pre-routing results](https://docs.google.com/presentation/d/1YbxLa5LqUWFET47KTBjnQ-cjm9UH525kt0T2VXYphM8/edit?usp=sharing).)
1. **Contact Tech/Nurse for Swabs if Needed**
* Use exam room phone to call tech/nurse (or open door and call out) and request tech/nurse bring you swab (only necessary if you didn’t decide you needed this before entering room).
* Tech/nurse will bring you labeled swab. (Will take several minutes as they will need to contact lab to obtain labels).
* Check the label on the tubes and verify correct name and DOB.
* If you want to collect a strep test, you can also do this. Hand the strep swab to the nurse, who will run the rapid strep test and also send the culture to the lab.
1. **Collect Samples**
* Have patient keep mask over mouth while sample is collected.
* For COVID test, collect sample from one or both nostrils, using a single swab.
* Insert swab all the way into nostril until red mark on swab is at the nare. Rotate gently a few times. Keep in place for several seconds.
* Place swab into collection tube. Break off the part that sticks out of the tube. Screw on cap.
* See video: [Nasopharyngeal swab collection (JCAHO)](https://www.youtube.com/watch?v=hXohAo1d6tk)
1. **Hand-off Samples to Tech/Nurse**
* Contact tech/nurse when you are ready to hand-off samples.
* Tech/nurse will stand outside the door of exam room holding a clean specimen bag.
* Provider should drop the sample into this bag without touching the bag.
* Tech/nurse will seal this bag, put it inside another bag, place the printed requisition into the outer bag, and apply a sticker to the bag.
1. **Doff PPE and Exit Exam Room**
* Remove your gown and gloves carefully, rolling the gown into a bundle as you remove it, touching only the inside of the gown with your bare hands.
* Throw gown/glove bundle into the trash in the exam room.
* See video here: Don/Doff Video
* Take care not to touch anything in the room once gown & gloves are removed.
* Using a paper towel or a spare clean glove (which you can keep in your pocket), open the exam room door (remember, the door handle is “dirty”).
* Exit the room.
* Immediately throw the towel or glove into the hallway trash-can.
* Immediately apply hand sanitizer thoroughly.
* Keep your mask on until you leave the room. **Discard the surgical mask. KEEP the N95.**
1. **Chest Xray, if Needed**
* For a CXR to be done in CCF, order: "XR CHEST 1-View (PA only)"
* Turn dot to black
* Contact tech/nurse to inform them xray is needed.
* Tech/nurse will print xray order, and hand it to xray tech who enters order in their system.
* In most cases, xray tech will bring portable xray into the patient’s exam room
* You can view the xray image immediately on the xray machine itself.
* You can call the chest reading room for a wet read.
1. **Blood and Urine Studies, if Needed**
* **\*\*NOTE**: Cornell data for hospitalized patients suggests that those who ultimately require intubation are more likely to have obesity, CAD, bilateral infiltrates on CXR, leukocytosis (WBC >10), transaminitis, hyperbilirubinemia, elevated CRP, ferritin, & procalcitonin. Consider the use of labs to better risk-stratify higher-risk patients (including pts with obesity, CAD, or with clinical signs of higher risk such as lower O2 sats, etc). [Click here for NEJM Letter by Goyal et al.](https://www.nejm.org/doi/full/10.1056/NEJMc2010419)
* Order in the usual way
* Turn dot to green
* Contact tech/nurse to inform them blood/urine is needed
* Tech will don PPE and enter room to collect blood. Urine given in patient bathroom.
* Labs should be the last thing done before the patient leaves, so that tech can draw blood & then can remain in the room to clean it after patient exits.
* \*\*For pts referred by the transplant team, the referring team will usually future-order the labs they want. The CCF techs should release these orders. The CCF providers should NOT re-order these labs.\*\*
1. **Pulse oximeter for Home Monitoring**
* Patients who are high risk, or who have borderline O2 sat (resting 94-96%, exertional 90-96%), but otherwise stable, can be given a pulse oximeter to take home. Let the nurse know when a pt needs one.
* The following instructions should be given to patient by nurse: [Pulse ox instructions for patients](https://app.luminpdf.com/viewer/5e99b14167dbca001152962a).
1. **Print Discharge Instructions & Counsel Patient**
* Go into the “Patient Instructions” section in the EMR.
* In the “Smart Text” box, type “COVID” and hit enter.
* Choose the most appropriate instructions based on clinical scenario. We are primarily using:
* "COVID-19 DISCHARGE INSTR TESTED"
* "COVID-19 DISCHARGE INSTR NOT TESTED"
* Print, using the “Print AVS” button. See here for more details: [How to Print COVID Instructions](https://docs.google.com/presentation/d/1BKBShezA_2IUDIhsNm0UggeXBMve0uzOIUYC_y72FDI/edit?usp=sharing)
* Counsel patient on treatment of symptoms, & on what to do for worsening symptoms. They should call the clinic if worsening. They should call 911 if difficulty breathing or in severe distress.
* Counsel patient on home isolation. Click here forIsolation Guidelines
* Note that **immunocompromised** pts must isolate for 14 days from date of positive test. CDC defines immunocomprise as follows: “e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV.”
* **Also \*NEW\*- all pts must isolate for at least 10 days** (increased from 7 days)
* This includes health care workers. NYP-WCM requires workers to stay home for **10 days** after onset of symptoms. See institutional guidelines here and here.
* You can print the instructions & do counseling by phone from outside exam room if preferred.
1. **Print Work Letter for Patient if Needed**
* If patients need a letter for work, smart phrases have been created for these:
* “.WCIMACOVIDSYMP” = symptomatic patients
* “.WCIMACOVIDASYMPEXPOSURE” = for the asymptomatic pt with exposure
1. **Supervision of residents**
* The attendings assigned to the clinic will be seeing patients on their own and also serving as supervisors for the residents in clinic.
* The supervising attending should not go in to see a pt seen by a resident unless truly necessary (minimize PPE use).
* The supervising attending should addend resident note in the usual way. Use the usual billing codes.
1. **Discharge Patient to Home**
* Inform tech/nurse when patient ready to go. Tech or provider should escort patient out.
* Registrar will assist patient in signing-up for online patient portal & ensure they sanitize hands.
* If patient is well enough and lives nearby, best option is for patient to walk home.
* If patient has to go in a car or taxi, they should wear a mask and keep windows open.
* We may be able to arrange ambulance transportation home. Call **555-555-5555.**
* If patient lives in a group setting like a homeless shelter, they should not return if they are suspected to have COVID. Talk to nursing about options in these cases.
* There are some other housing options for unique situations. Look at W[CIMA CCF Clinic Resources](https://docs.google.com/document/d/1LHkbXXOOM0YYq3N4boPJq8Vc2E_EeWVDHdXBH4xVVak/edit?usp=sharing) page for phone numbers. Talk to nursing and/or SW.
1. **Transfer Patient to ER** (same as usual protocol for ER transfers)
* Notify nurse who will call EMS to transport patient.
* Call ER Admin Attending phone & give one-liner.
* Write and print SBAR letter. Give to EMS when they arrive.
* Keep patient in exam room until EMS arrives.
1. **Follow up**
* All patients seen in the clinic will be added to a tracking spreadsheet (maintained by nursing).
* All COVID results should be communicated to pt by phone **by the provider who ordered the test.** Make sure to check your inbox for results.
* Nurses & Med Students will be doing post-visit calls at 48-72 hrs and again at 5-7 days to ask about symptoms and ensure there are no barriers to treatment plan. Phone encounter will be routed to the MD/NP who saw the patient in CCF clinic (and also to PCP for established patients). For red-flag symptoms or urgent issues identified on calls, nurse or student will reach out to an MD/NP in real-time.
* If your patient needs closer follow-up, please schedule them for a video visit or telephone visit either with you or with another provider.
* If CCF patients (without a WCIMA PCP) call WCIMA with concerns after their CCF visit, the message will be routed to the access team who should handle most of these calls, particularly anything urgent or time-sensitive. The encounter will also be routed to the provider who saw the patient in CCF clinic, who can follow-up non-urgent things if possible.
1. **Closing Your Note & Returning Patient to Shared Schedule**
* Don’t forget to **“refresh”** your note after you have entered the **vitals in the vitals section**, so that these will be included in your note. Otherwise it looks like you didn’t check vitals.
* When you sign your note, you may have to select “change provider to me” in order to sign.
* After you sign your note, please return the patient BACK to the shared “Overflow” schedule.
* Click here for instructions: [How to put patient back on shared schedule](https://docs.google.com/presentation/d/1voTuq3Eapxy6GEAj64UXse-QeWOzjsDdMx9VqWxbaSA/edit?usp=sharing)

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**MAJOR UPDATE LOG:**

3/26/2020 - Decision made that all staff seeing patients in CCF Clinic can wear N95 masks UNDER a surgical mask with visor. N95 should be reused as long as not contaminated and still usable. Surgical mask should be discarded after each patient encounter.

3/26/2020 - The hospital has decided to STOP testing for influenza and other respiratory viral pathogens using the RPP test. This is being done to conserve swabs and viral transport media.

4/1/2020 - Previously we had NOT been putting ID bands on patients in order to minimize staff’s physical contact with patient. Instead, we were giving the patient their sheet of ID stickers to keep in the exam room with them. However, this resulted in the “dirty” sheet of stickers being left in the exam room, which shouldn’t be thrown in the regular trash (since it contains PHI). Therefore, we decided that the gloved greeter or tech can put the ID band on the patient, and hand the clean sheet of ID labels to the tech escorting the patient back.

4/4/2020: Added guidance about laboratory testing: “Preliminary Cornell data for hospitalized patients suggests that those requiring intubation are more likely to be obese, have CAD, have bilateral infiltrates on CXR, and have leukocytosis (WBC >10), transaminitis, hyperbilirubinemia, elevated CRP, ferritin, & procalcitonin. Consider the use of labs to better risk stratify higher-risk patients (including pts with obesity, CAD, or with clinical signs of higher risk such as lower O2 sats, etc).”

4/10/2020: Scrubs available. Return to the hamper at end of shift to be laundered by the hospital.

4/10/2020: For pts referred by the transplant team, the referring team will usually future-order the labs they recommend. The lab techs should release these orders once the patient arrives. \*\*THIS IS A CHANGE FROM USUAL WCIMA POLICY.\*\* The WCIMA providers should NOT re-order the labs and they should not release the orders themselves. The purpose of this is so that the results will go directly to the inbox of the referring transplant team for follow-up. (If, for some reason, the orders can’t be released, the WCIMA provider can re-order, but should route the order to the referring provider, which can be done under “additional information” in the order window).

4/12/2020: Updated testing guidelines added. Guidelines expand testing to “high-risk” outpatients and also to symptomatic healthcare workers.

4/12/2020: Updated isolation guidelines added: Immunocompromised patients must home isolate for 14 days from the date of their positive test AND at least 72 hrs afebrile, with improving symptoms. All other patients home isolate for 7 days from first symptoms AND at least 72 hrs afebrile, with improving symptoms. (For asymptomatic immunocompetent patients, the 7 days begins with the date of the positive test).

4/13/2020: Comment added acknowledging lack of certainty over whether one or two nostrils are needed for NP swab collection.

4/14/2020: Pulse oximeters now available for patients being discharged home. CCF nurse has the oximeters in nursing office. Nurse is keeping a log of patients who receive oximeters.

4/15/2020: N95s are now being kept in a locked closet to conserve supplies. Everyone should make their N95 last as many days as possible. When you need a new one, request it from the charge nurse.

5/20/2020: Newest NYP-WCM-CU Testing Guidelines (published 5/10) added, and previous versions deleted. Testing is now allowed for any symptomatic patient, and especially encouraged for patients in whom test results may change clinical management or be important for public health.

5/20/20: Updated home isolation guidelines based on new NYP-WCM-CU guideline (5/20) that increased the isolation time from 7 days to 10 days for immunocompetent patients. This is based on updated CDC guidance, available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

5/20/20: Added NYP-WCM guidelines for healthcare providers with COVID-19 or suspected COVID-19 (published 5/18). These guidelines specify that NYP-WCM healthcare workers should stay home from work for 10 days (rather than 7) after onset of symptoms of COVID-19. This is also based on the CDC guidance above.