

## Guidance for Discharge of COVID-19 Patients

**Patients who meet these criteria should be considered for discharge. These criteria should not override clinical judgment.**

1. Clinical improvement and no other indication for hospitalization

**AND**

2. Afebrile for at least 24 hours

**AND**

3. Minimal respiratory distress/tachypnea at rest or with ambulation for  $\geq 24$  hrs

**WITH**

- Oxygen saturation  $>90\%$  at rest and with ambulation for patients who do not retain CO<sub>2</sub> due to COPD or other chronic pulmonary disease and not previously on oxygen

*OR*

- Oxygen saturation  $>88\%$  at rest and with ambulation for patients who retain CO<sub>2</sub> due to COPD or other chronic pulmonary disease who not previously on oxygen (Consider coordination of discharge with Pulmonary consult and consider NIV at home)

*OR*

- Oxygen requirements at baseline for patients previously on oxygen (Consider coordination of discharge with Pulmonary consult)

*OR*

- Oxygen requirements  $< \text{or} = 3\text{L}$  at rest and on ambulation for  $\geq 24$  hours
  - For patients started on new oxygen, ensure patient has the ability/support/education to manage the oxygen, monitor oxygen saturation, and plan for follow-up/weaning of oxygen.

### **NOTES:**

- These criteria may not apply for patients being considered for admission to a skilled nursing facility, as these facilities may be able to provide advanced monitoring and care.
- Consider disposition to a shelter or group housing, and whether the patient will be discharged with home services, as these factors will impact the timing of a safe discharge.
- For those patients who were on **invasive or non-invasive ventilation** or for those **discharged on supplemental oxygen**, enrollment into the post-COVID remote monitoring program should be considered (previously Precision Recovery / patientMpower). Instructions and inclusion criteria [here](#).