**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 ≥ 24 hrs
   
   **WITH**
   
   - Oxygen saturation >90% at rest and with ambulation for patients who do not retain CO2 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 CO2 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 < or = 3L at rest and on ambulation for ≥ 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](#).