COVID-19 Provincial Pandemic Flowsheet
Patient Discharge from Hospital*

Patient ADMITTED with or identified Suspect / COVID+ during STAY ready for discharge? Criteria for COVID-19 discharge:
- Clinical trajectory noted to be improvement by treating team
- O₂ ≤ 2L
- Walking O₂ sats remain >88% with either RA or 2 or less NP O₂ tx.
- Afebrile without use of fever-reducing agents for at least 48 hours
- Usual DC criteria still apply (function approaching baseline)
- Able to safely self isolate for appropriate period of time (home care able?)
- Afebrile without use of fever-reducing agents for at least 48 hours
- Patient should continue to isolate for period as specified by Infection Prevention & Control
- Clinical follow up arranged (FMD, virtual hospital, etc.)

Patient is clinically ready for discharge
- Safe hand over to PCP/FNC/MS HC as per zone process
- See discharge*** criteria and checklist

Discharge Tasks***
- Complete Safe Covid Discharge Checklist (from admission to day of discharge)***
- Share COVID-19: My Discharge Checklist with patient
- Follow zone process for booking follow-Up with PCP/FNC/MS HC***

Patient's family may also be required to self-isolate if patient cannot self-isolate within the household

Discharge patient via IPC standards: clean package and masked
- Cc PCP/FNC/MS HC on all requisitions / referral letters

Notifications to PCP/FNC/MS HC and others identified by MRP or patient

PCP/FNC/MSHC follows care pathway for community COVID+ patients
See Zone Pathway here: https://www.albertahealthservices.ca/topics/Page16956.aspx

Notify Medical Officer of Health of Hospital Discharge of COVID positive patient via Zone specific email

Patient receives community supports if required

PCP/FNC/MS HC can access non-urgent COVID+ Specialist Advice line or, if urgent, through RAAPID when required

Patient goes home and self isolates for advised time

Patient follow up with PCP/FNC MS HC (or alternate zone option) within 1-3 days of discharge as per clinical assessment (virtually; only in-person as needed)

Patient recoveries from COVID-19

Notes:
** In clinical situations where there is demonstrated improvement and reliable follow-up is arranged, home O₂ (less than 2L) could be considered.
*** See COVID-19 Safe Discharge Checklist and Appendix

Acronyms used: Primary Care Provider (PCP); First Nation Community/Metis Settlements Health Centre (FNC/MS HC); Personal Protective Equipment (PPE); Infection Prevention and Control (IPC), Most Responsible Provider (MRP)

*This guidance document is not meant to replace clinical judgement and is intended to be adapted to site / zone specific needs and the availability of resources.

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