

Obstetrical Triage Practices for Outpatient Management of COVID-19 Positive Patients

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Triage practices on obstetrical units

Testing protocols: CDC guidelines

- Symptom based testing -University Hospital
- Universal testing for pregnant patients
- Benefits
- Pre-scheduled cesarean testing -University Hospital

Triage practices for obstetrical patients

- ✓ Triage positive for SARS COV-2
- ✓ Phone follow up
- ✓ Telemedicine protocols
- ✓ Society recommendations
- ✓ Instructions for patients
- ✓ Lessons from the front line
- ✓ Follow up in office and clinic

Triage discharge protocols

- Standard discharge instructions
- COVID-19 resource file
- Standardizing follow up phone notes
 - Worsening symptoms
 - Ability to isolate
 - Food and safety
 - Risks to other family members
 - Adequate information
 - Follow up protocols
 - Guidelines for returning for routine care

COVID Clearance

- Organizations and offices need to determine when to consider a patient with COVID “cleared”
- Return to work
- Return to office
- Standardized delivery protocols
- CDC guidelines
- Longest documented viremia
 - 2 negative tests

COVID clearance symptomatic patient - test based

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart^{***} (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

COVID Clearance – asymptomatic

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

COVID clearance symptomatic patient time- based

The decision to discontinue isolation* should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time since-recovery (non-test-based) strategy, and 2) test-based strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)**

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 7 days have passed *since symptoms first appeared*.

KEY POINTS

- Plan triage management
- Robust follow up program with assigned roles
- Patients may get tested at different sites- ask!
- Document criteria for stopping isolation
- Consider management of normal obstetrical problems