

DE-ESCALATION OF COVID-19 ISOLATION PRECAUTIONS

IMMUNOCOMPETENT, NON-ICU/IMCU PATIENT	IMMUNOCOMPETENT, ICU/IMCU PATIENT	SEVERELY IMMUNOCOMPROMISED (TRANSPLANT, RECEIVING CHEMOTHERAPY FOR CANCER DIAGNOSIS) PATIENT*
On or following day #15 , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication	On or following day #22 , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication	On or following day #28 , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication
If criteria above met, IP will resolve COVID problem, document rationale for resolution in the record	If criteria above met, IP will resolve COVID problem, document rationale for resolution in the record	If criteria above are met, IP will collaborate with ID team to make decision about need for isolation precautions
Once COVID problem has been resolved, the banner bar will indicate “history of COVID” and “COVID” tag will disappear	Once COVID problem has been resolved, the banner bar will indicate “history of COVID” and “COVID” tag will disappear	Additional laboratory testing or other diagnostics may be employed to inform decision-making
Patient will no longer require COVID isolation, can be moved to non-COVID (convalescent) unit; all patient contacts will require face mask and protective eyewear (as is our practice with all patients)	Patient will no longer require COVID isolation, can be moved to non-COVID (convalescent) unit; all patient contacts will require face mask and protective eyewear (as is our practice with all patients)	If the decision is to de-escalate isolation precautions, that process will mirror other patient populations with transfer to convalescent unit (decision about patient placement to be collaboratively determined)

**There is some evidence that severely immunocompromised patients may continue to shed viable virus for months after a COVID diagnosis, making the de-escalation process for this population very complex. At no time, will an immunocompromised patient have COVID isolation precautions discontinued without extremely careful consideration.*

Source: Choi B, Choudhary MC, Cernadas M, & Li JZ. 2020. Persistence and evolution of SARS-Co-V-2 in an immunocompromised host. *N Engl J Med*, 383(23), pp. 2291-3.