

# 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 <b>day #10</b> , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication. If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 10.	On or following <b>day #22</b> , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication. If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 22.	On or following <b>day #28</b> , patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.  If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision regarding need to de-escalate prior to day 28, or to extend isolation beyond day 28.
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. Additional laboratory testing or other diagnostics may be employed to inform decision-making.
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	Once COVID problem has been resolved, the banner bar will indicate “history of COVID” and “COVID” tag will disappear
Patient will no longer require COVID isolation, and can be moved to any unit, either single-patient or semi-private room.	Patient will no longer require COVID isolation, and can be moved to any unit, either single-patient or semi-private room.	Patient will no longer require COVID isolation. Decision about patient placement will be determined collaboratively with ID Team.

*\*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.*