COVID-19 Workflow for Ambulatory Settings

**BASIC SYMPTOM CHECK**
Does the patient have symptoms of acute respiratory infection? (such as fever, cough, shortness of breath, myalgias)

No → Proceed as routine visit

Yes → Rooming
- Give patient a mask {surgical/procedural}
- Place masked patient in private room with door closed
- Keep distance from patient (about 6 feet)
- Mask anyone accompanying the patient and have them go with patient
- Immediately after patient is in private room, apply Droplet/Contact sign to door

**Assessment, Testing and Treatment Plan**
- Notify Provider and/or RN
- Provider and/or RN contacts the patient from outside the room by phone or via Zoom
- Assess for symptoms of acute respiratory infection (such as fever, new cough, new shortness of breath, myalgias, etc.)
- Refer to PPE Recommendations and Testing Criteria posted on [https://one.uwmedicine.org/coronavirus](https://one.uwmedicine.org/coronavirus)
- Consider and perform testing for Flu/RSV and/or SARS-CoV-2 as clinically appropriate.

**Patient Disposition**
- Home: Hand home discharge instructions
- Hospitalization: Please call Infection Prevention for coordination

**Post-discharge Cleaning**
For suspected or confirmed COVID-19: Proceed with room decontamination after the patient is discharged:
- Immediately close room door and place sign indicating no entry for 2 hours
- Perform terminal clean

1. SARS-CoV-2 sample collection: Nasopharyngeal swabs often generate a strong cough reflex. Standard/Contact/Droplet precautions are recommended. For additional instructions, please refer to the UW Laboratory Test Guide

Infection Prevention Teams:
- UWMC - ML/CCL (206) 598-6190
- UWMC-NW (206) 668-1705
- HMC (206) 744-3000

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