# COVID-19 Classification, Admission, De-escalation and Discharge

## REVISION HISTORY

<table>
<thead>
<tr>
<th>Rev No.</th>
<th>Review Date</th>
<th>Description of Change</th>
<th>Date of Next Review</th>
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<tr>
<td>1</td>
<td>May 2020</td>
<td>Updated COVID-19 patient classification in accordance to the Department of Health (DOH) mandate. Included PHC healthcare workers for admission.</td>
<td>May 2023</td>
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Incident Commander

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Executive Director
I. STATEMENT OF THE POLICY

This policy will serve as a guide in classifying, admitting, de-escalating and discharging patients who are suspected or confirmed as COVID-19 case.

II. DEFINITION OF TERMS

1. SUSPECT CASE
   1.1 Individuals with Influenza-like illness (ILI). Symptoms include fever for at least 38°C and cough or sore throat, AND either of the following:
      
      1.1.1 a history of travel to or residence in an area that reported local transmission of COVID-19 during the 14 days prior to symptom onset, OR
      
      1.1.2 with contact to a confirmed or probable case of COVID-19 during the 14 days prior to symptom onset.

   1.2 Individuals with sudden respiratory infection and severe symptoms such as shortness of breath, difficulty of breathing or severe pneumonia with unknown cause, and requires hospitalization.

   1.3 Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms and under any of the following conditions:
      
      1.3.1 aged 60 years and above
      1.3.2 with a comorbidity
      1.3.3 assessed as having high-risk pregnancy
      1.3.4 a health worker

2. PROBABLE CASE

   2.1 Suspect case whom testing for COVID-19 is inconclusive

   2.2 Suspect case who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory, or an officially accredited laboratory.
3. CONFIRMED CASE
3.1 Any individual who was laboratory-confirmed for COVID-19 through -RT-PCR in a national or subnational reference laboratory, or a DOH-certified laboratory testing facility.

4. Severe Acute Respiratory Infection (SARI) CASE
4.1 A suspect, probable or confirmed COVID-19 case requiring admission to Intensive Care Unit (ICU).

III. CRITERIA FOR SEVERITY OF SYMPTOMS:
1. Asymptomatic
   1.1 Exhibit no signs and symptoms

2. Mild symptoms
   2.1 Predominantly ARI with no fever and no DOB
   2.2 Flu-like symptoms with no fever and no DOB
   2.3 Other Minor Symptoms: Anosmia or Diarrhea with no signs of severe dehydration
   2.4 Criteria for “mild” disease
      2.4.1 SpO2 < 95%
      2.4.2 RR <25 bpm
      2.4.3 HR <120 bpm
      2.4.4 Temp <38°C
      2.4.5 Mental status normal

3. Moderate symptoms
   3.1 With dyspnea or fever ≥38°C and/or dehydration

4. Severe symptoms: with severe dyspnea or signs of severe dehydration or clinically unstable
   4.1 Criteria for “severe or critically ill”
      4.1.1 Temp ≥38°C
      4.1.2 SpO2 < 92%
      4.1.3 RR >30 bpm
      4.1.4 SBP <90 mm Hg
IV. GUIDELINES

1. Triage of Covid-19 suspect patients presenting at the ER:

1.1 Asymptomatic patients with appropriate EXPOSURE history.
   1.1.1 Provide instructions for quarantine for 14 days at home or Barangay isolation units.
   1.1.2 Monitoring for development of symptoms is done by ER nurse.
      1.1.2.1 Inform RESU
      1.1.2.2 NO NEED for testing
      1.1.2.2.1 Consult ER ASAP if symptoms develop.
      1.1.2.2.2 Follow-up at the Infirmary Clinic (with the AP for private patients) after 14 days.

1.2. Mild symptoms.

   1.2.1 Disposition: Provide instructions for quarantine for 14 days at home or Barangay isolation units. Monitoring for the development of symptoms is done by ER nurse. Consult ER ASAP if symptoms develop. Follow-up at the Infirmary Clinic (with the AP for private patients) after 14 days.
      1.2.1.1 Inform RESU
      1.2.1.2 Fill out CIF
      1.2.1.3 Diagnostics: CBC, Na, K, Crea, BUN, SGPT, SGOT, TBDB, LDH CRP, Procalcitonin, D-dimer, Ferritin, Serum Albumin, Protime, ABG, 12L ECG, Blood Culture X 2 sets, ETA or Sputum GS, Fecalysis (if with diarrhea)
      1.2.1.4 Therapeutics: As indicated
      1.2.1.5 Precaution: Personnel and patient to wear appropriate PPE***

1.2.2 For PHC healthcare workers, admit to 5B if unable to do strict home quarantine.

1.2.3. Mild symptoms + Comorbid conditions* or age ≥ 60 years old

   1.2.3.1 Put patient in ER isolation room, then admit to Ward 3B
   1.2.3.2 Diagnostics:
      1.2.3.2.1. Labs: CBC, Na, K, Crea, BUN, SGPT, SGOT, TBDB, LDH CRP, Procalcitonin, D-dimer, Ferritin, Serum Albumin, Protime, ABG, 12L ECG, Blood Culture X 2 sets, ETA or Sputum GS, Fecalysis (if with diarrhea)
      1.2.3.2.2 NPS / OPS
      1.2.3.2.3 Imaging: CXR, Focus Echocardiogram** in the ER isolation room; Chest CT Scan (Plain) on transport to Ward 3B

   1.2.3.3. Therapeutics: As Indicated
1.2.3.4 Precautions: All personnel to wear PPEs**; Let the patient wear mask.

1.3. Moderate to severe symptoms

1.3.1 Disposition: Put patient in ER isolation room, then admit to

1.3.1.1 Petal 3B (for adult and pediatric patients with moderate symptoms )

1.3.1.2 Petal 3A or 3C (for patients with severe symptoms, or High Probability suspect case, or confirmed COVID-19 case). If fully occupied, patients with severe symptoms may be admitted to SSU).

1.3.1.3 CCU (for critically ill patients). If fully occupied, patients will be admitted to MICU 1.

1.3.1.4 If Petal 3B is fully occupied, may admit to Petal 3A or 3C.

1.3.2 Diagnostics:

1.3.2.1 Labs: CBC, Na, K, Crea, BUN, SGPT, SGOT, TBDB, LDH CRP, Procalcitonin, D-dimer, Ferritin, Serum Albumin, , Protime, ABG, 12L ECG, Blood Culture X 2 sets, ETA or Sputum GS, Fecalysis (if with diarrhea)

1.3.2.2 NPS / OPS

1.3.2.3 Imaging: CXR, POCUS (if with severe symptoms), Focus Echocardiogram ** in the ER isolation room; Chest CT Scan (Plain) on transport to Petal 3B

1.3.2.4 Therapeutics: As Indicated

1.3.2.5 Precautions: All personnel to wear PPEs***; Let the patient wear mask.
2. For de-escalation criteria:

2.1 Patients with improved symptoms from Petals 3A, 3B, 3C and SSU shall be transferred to Petal 5C. Once Petal 5C is full, these patients shall be admitted at Petal 5B.

3. PHC health care worker after their tour of duty at COVID areas and with a positive IgG on serologic tests shall be admitted at ward 4E. They shall be discharged after a negative RT-PCR result or negative serologic test or once prescribed quarantine period has been completed whichever comes first.

4. For asymptomatic healthcare worker who has a history of COVID-19 exposure and strict home quarantine cannot be established, the personnel shall be admitted to Petal 5B for isolation for 14 days.
   4.1 Self-monitoring and care shall be implemented
   4.2 They shall be periodically checked by the virtual nurse
   4.3 The virtual nurse shall update the Safety Officer and Nurse Supervisor on Duty.

5. For asymptomatic healthcare worker who completed the tour of duty shall stay in 4E.
   5.1 Self-monitoring and care shall be implemented
   5.2 They shall be periodically checked by the virtual nurse
   5.3 The virtual nurse shall update the Safety Officer and Nurse Supervisor on Duty.

6. Discharge Criteria shall be the following
   6.1 A COVID-19 Probable or Suspect Case may be discharged after the initial COVID-19 test is negative AND any of the following conditions are met:
       6.1.1 Clinically improved and/or stable
       6.1.2 There is no other indication for admission
       6.1.3 An alternative diagnosis is available
       6.1.4 The probability of COVID-19 has been ruled out
   6.2 Criteria for discharge of patients with confirmed COVID-19 infection
       6.2.1 Patients who have clinically recovered (with resolution of symptoms) may be discharged from the hospital after two consecutive negative tests 24 hours apart for SARS-CoV-2 if with available test kits. If it is not possible to repeat the test, patients can be discharged upon discretion of the healthcare team, but they should remain under home quarantine until 14 days after resolution of their last symptoms and tested once kit is available.

7. The decision to discontinue Transmission-Based Precautions shall be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.
**Comorbidities:**

1. Pre-existing Pulmonary Disease
2. Chronic Kidney Disease
3. Diabetes Mellitus
4. Immunocompromised Status
5. Hypertension or Cardiovascular Disease
6. Transplant

**Focus Echocardiogram – for evaluation of:**

1. Chamber enlargement
2. Wall motion abnormality
3. Left ventricular ejection fraction

**PPE:**

1. Cap
2. Well-fitting N95 mask (fit-tested)
3. Eye protection (goggles or face shield)
4. Coveralls
5. Clean gloves

**Resolution of symptoms**

1. The body temperature returns to normal> 3 days
2. Respiratory symptoms have improved significantly
3. Chest radiograph shows significant improvement