**COVID-19 Workflow for Ambulatory Settings**

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

- **No**
  - Proceed as routine visit

- **Yes**
  - Notify Provider and/or RN. Provider may consider using phone or zoom to complete history to decrease exposure.
  - Assess for symptoms of acute respiratory infection (such as fever, new cough, new shortness of breath, myalgias, etc.)
  - Follow PPE Recommendations, including eye protection
  - Consider and perform testing for Flu/RSV and/or COVID-19 as clinically appropriate.

**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.
- Assess for symptoms of acute respiratory infection (such as fever, new cough, new shortness of breath, myalgias, etc.)
- Follow PPE Recommendations, including eye protection
- Consider and perform testing for Flu/RSV and/or COVID-19 as clinically appropriate.

**Patient Disposition**
- Home: Hand home discharge instructions
- Hospitalization: Follow normal direct admit protocol. If suspected COVID-19 notify direct admit nurse or patient access prior to patient disposition

**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
If COVID-19 is not suspected, follow regular cleaning processes

**COVID-19 sample collection:** Nasopharyngeal swabs (preferred) of ten generate a strong cough reflex. Standard/Contact/Droplet precautions recommended, including eye protection.

*Adapted from the University of Washington*