

Post-Hospitalization follow-up

AIM

Define follow-up of a COVID-19 positive patient after discharge from hospital.

PREPARING FOR DISCHARGE

During the patient's hospital stay in one of the COVID-19 specialized units, the attending physician is responsible of the following:

- Inform the patient of their post-hospital follow-up which will start the day after discharge
- Give an information sheet specifying the contact methods available (Follow-up by phone or by a Patient-Reported-Outcomes online questionnaire, PRO: On the basis of predefined red flags, an alert is triggered prompting the post-hospitalization medical team to contact the patient. The application is used in complement to the phone follow-up provided for in the protocol)
- Check the contact details of the patient and of the primary care physician
- Specify if the primary care physician is available for follow-up
- Determine on the basis of the post-hospitalization algorithm the intensity of the monitoring required according to two categories:
 - o Regular Follow-up (Call on D1, D3 and D5)
 - o Intensive Follow-up (Call 1x / day from D1 to D5) - for patients who are more vulnerable or more at risk of worsening.
- Remind the patient of the self-isolation measures and self-quarantine for close contacts (close contacts = people living under the same roof + intimate relationships)
- Communicate this information to the post-hospitalization medical team

FOLLOW-UP PROCEDURE

A phone follow-up of patients is ensured from day 1 after hospital discharge by medical students supervised by medical doctors

- o Regular Follow-up (Call on D1, D3 and D5)
- o Intensive Follow-up (Call 1x / day from D1 to D5) - for patients who are more vulnerable or more at risk of worsening.

Check the following items during each call:

- Self-isolation and self-quarantine measures
- Symptoms with danger/serious signs, clinical red flags and criteria for frailty
- Contact details of a possible pulmonary physician who can follow the patient

Symptoms (based on local recommendations)

Symptom	Serious/danger signs	Clinical red flags	Frailty criteria
Cough		Worsening cough	
Fever		Fever > 39 C, worsening or not responding to medication	
Dyspnea	Audible breathing difficulty (unable to make full sentences, audible wheezes, broken sentences, witness describing the situation) NYHA stage IV	Clear breathing difficulty felt, interfering with activities of daily living (eating, climbing stairs, showering) NYHA Stage III	
Chest pain		Moderate to severe chest pain	
Myalgia			
Hemoptysis		New hemoptysis	
Condition (performance status tool)*	Worsening general condition (unable to stand up) Performance status > 3	Worsening general condition (fatigue) Performance status 2-3	
Level of consciousness	Altered level of consciousness (confusion) Vital signs and parameters if available: Pulse <40,> 130bpm, Systolic blood pressure <90 or> 180mmHg, SaO2 <93%, GCS <15)	Altered level of consciousness (feeling faint, fatigue)	
Anxiety (HADS score)			High level of anxiety (HADS ≥ 11)
Management of daily life			Special psychosocial environment (isolation, lack of help, etc.) Unable to care for loved ones, social needs

ORIENTATION

- Presence of hospitalization criteria * and / or serious/danger signs
 - Emergency medical services for urgent assessment

- Patient without serious/danger signs but presence of red flag:
 - Teleconsultation and according to the red flags, orientation towards the emergency medical services, a home visit by a specialized team of doctors, a visit to the ambulatory care center for further investigation or close monitoring (24 hours after the teleconsultation)

- Patient without serious/danger signs but suspected of pneumonia:
 - Investigations are necessary in the event of suspected pneumonia. These investigations may take place at home or in the ambulatory care center, depending on the resources available.
 - Laboratory with complete blood count, Na / K urea, creatinine, CRP. Urinary Ag, ECG, liver test new consultation in the presence at 24 hours or by teleconsultation
 - Chest x-ray
 - Follow-up consultation within 24 hours (at ambulatory care center or by telemedicine)

- Patient without serious/danger signs, without red flags but presence of frailty criteria:
 - Closer follow up in person or by teleconsultation, with psychiatrist available for psychiatric conditions, anxiety, post-traumatic stress disorder

- Patient stable or improving, without serious/danger signs, without red flags and without frailty criteria
 - Regular monitoring

POST-HOSPITALIZATION FOLLOW-UP ALGORITHM

