Criteria for 2019 Novel Coronavirus Discharge Screen

1. The patient is considered a "Person Under Investigation" (PUI) for COVID-19
   - Yes □  No □
2. The patient has been confirmed as positive for COVID-19
   - Yes □  No □
3. Patient is being discharged with Home Care Services/Home Hospice
   - Yes □  No □
4. Did the patient meet criteria for testing?
   - Yes □  No □

Guidance for Discharge to Home/Home with Home Care/Home Hospice Assessment and Patient Education

1. The patient is stable enough to receive care at home.
   - Yes □  No □
2. Appropriate caregivers are available as needed.
   - Yes □  No □
3. As much as possible, instructions to stay in a specific room and away from other people in the home. Also, instructions to use a separate bathroom, if available.
   - Yes □  No □
4. Resources for access to food and other necessities are available.
   - Yes □  No □
5. If patient is being discharged on anticoagulant, delivery address has been verified and if different than registration, task sent to Pharmacy.
   - Yes □  No □
6. The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g. respiratory hygiene and cough etiquette, hand hygiene)?
   - Yes □  No □
7. There are household members who may be at increased risk of complications from 2019-nCoV infection (e.g. people > 65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions)
   - Yes implemescalation* □  No □
*see Care Coordination Progress Notes

Guidance for Covid-19 Negative Patients Being Discharged Home Who Require Home Care Services

1. Do any household members meet the screening criteria for COVID-19 testing?
   - Yes, contact Home Care/Hospice □  No, routine discharge □

Screening Criteria for Discharge to Post-acute Facility

1. The patient is stable enough to receive care at home.
   - Yes □  No □
2. Appropriate caregivers are available as needed.
   - Yes □  No □
3. As much as possible, instructions to stay in a specific room and away from other people in the home. Also, instructions to use a separate bathroom, if available.
   - Yes □  No □
4. Resources for access to food and other necessities are available.
   - Yes □  No □
5. The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g. respiratory hygiene and cough etiquette, hand hygiene)?
   - Yes □  No □
6. There are household members who may be at increased risk of complications from 2019-nCoV infection (e.g. people > 65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions)
   - Yes □  No □
7. It has been at least seven days since the initial positive test for COVID-19
   - Yes □  No □
8. Resolution of fever, without use of antipyretic medication
   - Yes □  No □
9. Improvement in illness signs and symptoms
   - Yes □  No □
10. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of nasopharyngeal swabs specimens collected 24 hours apart.
   - Yes □  No □

Discharge Disposition Plan/Location

- Home/Home with Homecare/ Home Hospice services positive COVID19 patient
  - COVID-19 Patient education materials provided
    - Yes □  No □
  - Personal Protective Equipment (PPE) pack provided
    - Yes □  No □
  - Certified Home Health Agency notified via warm handoff, if applicable
    - Yes □  No □
  - Post discharge address verified and communicated to Pharmacy (if applicable)
    - Yes □  No □
- Home/Home with Homecare/ Home Hospice services for COVID19 negative patient with COVID19 positive household member
  - COVID-19 Patient education materials provided
    - Yes □  No □
  - Personal Protective Equipment (PPE) pack provided
    - Yes □  No □
  - Certified Home Health Agency notified via warm handoff, if applicable
    - Yes □  No □
- Home with Home Care routine discharge
- Post-Acute Facility
  - Sent documentation of criteria met with referral
    - Yes □  No □
  - Post-Acute receiving facility contacted to provide warm handoff
    - Yes □  No □

Staff Information

Print Name: __________________________  Title: __________________________
Signature: __________________________  Phone Number: __________________________
Date/Time: __________________________