

Step-down Pathway to Primary Care Covid Oximetry@Home (CO@H)

Identification of patients in Covid Virtual Ward, who may be suitable for CO@H
(daily board/ward round)

Assessment against eligibility criteria for discharge to CO@H

Refer to primary care team for ongoing management in CO@H

- Clinician to clinician handover – Covid Virtual Ward to practice.
- Agree treatment plan and any further involvement of Covid virtual ward.

Practice to complete Triage

Taking into account complexity, acuity and level of care required.

Consider the following criteria for discharge to Primary Care for CO@H

- Improving clinical trajectory (symptoms, signs, blood results, chest x-rays, function, oxygen saturation)
- No fever for 48 hours
- Oxygen saturation $\geq 95\%$ (OR within target) on room air
- Able to use telephone or videoconference
- Able to isolate and self care
- No longer requiring IV antibiotics, steroids etc.

OR agreement following clinician to clinician discussion (Covid virtual ward and primary care) on a patient by patient basis for patients clinically appropriate for management on CO@H pathway.

Triage requirements:

- Safety netting advice and details of how/when to contact GP
- Plan for remote monitoring follow-up.
- Provision of pulse oximeter and other equipment required for treatment/monitoring
- Agree treatment escalation plan
- Details of long-term follow-up plans eg. Chest x-ray

Clinical advice for step down patients on CO@H

NB: Not for urgent/critical situations, where escalation to 999/ED should be used

- See COVID Oximetry @ Home Pathway
- If clinical concern, discuss with HCT Covid Virtual Ward on **03001237571** (8am – 8pm)