Criteria for Hospital Discharge to Home for Confirmed or Suspected COVID-19 Patients

The medical/technical team of the Unified Health Command, which is made up of representatives of Billings Clinic, St. Vincent Healthcare, and RiverStone Health, offers the following guidance criteria for discharging a hospitalized patient with a confirmed or suspected case of COVID-19 back to home.

This guidance is for healthcare personnel managing patients with confirmed or suspected COVID-19.

Patients with COVID-19 can be discharged from a healthcare facility whenever clinically indicated. The decision to discontinue isolation should be made using a symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). Meeting criteria for discontinuation of isolation is not a prerequisite for discharge.

Symptom-based strategy.

- At least 24 hours have passed since recovery which is defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); and
- At least 10 days have passed since symptoms first appeared.

Please note:

- Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. A test-based strategy is not recommended to determine when to discontinue isolation.

- A limited number of persons with severe illness may still be infectious to others beyond 10 days and that may warrant extending the duration of isolation for up to 20 days after symptom onset. Please consult with a primary care provider, hospital infection control or RiverStone Health Public Health to assess appropriate timing for release from isolation.

- Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in isolation until 10 days have passed since the date of their first positive
COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Disposition of Patients with COVID-19:

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before release from isolation.

- If the patient is being discharged to a congregate living setting (e.g., correctional facility, group home, homeless shelter), recommended isolation practices must be in place and maintained.

- The decision to send the patient home should be made in consultation with the patient’s clinical care team and RiverStone Health, Yellowstone County’s local public health department. Call RiverStone Health at 406.247.3200.

- In addition, consideration for discharge should include suitability of the patient’s home and patient’s ability to adhere to home isolation recommendations. Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.

Centers for Disease Control and Prevention (CDC) provides further recommendations at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html