



- Patients with confirmed or suspected COVID-19 should be discharged from hospital as soon as they are clinically stable
- Early discharge of these patients is vital for maintaining hospital bed capacity to allow us to care for new cases

 Clinical Criteria for Discharge
<ul style="list-style-type: none"> ✓ Overall trend of resolving pyrexia ✓ Other physiological parameters improving e.g. stable blood pressure, falling respiratory rate ✓ NO complications or other acute illnesses mandating ongoing hospital admission <p>Patients with no pre-existing respiratory disease:</p> <ul style="list-style-type: none"> ✓ Oxygen saturations (SpO₂) ≥ 92% without supplemental oxygen <p>Patients with pre-existing chronic lung disease:</p> <ul style="list-style-type: none"> ✓ Oxygen saturations (SpO₂) at or above normal baseline (with or without oxygen if on LTOT)

 Other Criteria for Discharge*
<ul style="list-style-type: none"> ✓ Able to understand and comply with requirements for self-isolation (and isolation of household members) ✓ Able to telephone for assistance in case of deterioration ✓ Arrangements in place (shielding) to protect any household member defined as extremely vulnerable to COVID-19 e.g. <ul style="list-style-type: none"> • solid organ, bone marrow or stem cell transplant recipient • active chemotherapy / radiotherapy / immunotherapy for cancer • haematological malignancy e.g. leukaemia, lymphoma, myeloma • severe respiratory disease including CF, severe COPD / asthma • inherited disease that significantly increases risk of infections e.g. SCID, homozygous Sickle-Cell Disease • pregnant with significant congenital or acquired heart disease

*explore all other options for facilitating discharge if any of these criteria are not met e.g. staying with another family member or in a hotel

Discharges to Care Homes & Community Hospitals

A negative COVID-19 test result is not required prior to transfers / admissions into care homes or community hospitals

The Trust has a responsibility to inform the care home / community hospital of any COVID-related issues for patients being discharged.

Accurate and detailed information should be provided on the discharge letter, including date of symptom onset, date and results of any tests for COVID-19 and a care plan for any isolation requirements following discharge.

Any concerns / issues regarding a discharge may be discussed by the care home / community hospital directly with the discharging ward / ward manager for local resolution, escalated to the Site Manager (bleep 1100) or, if necessary, reported as an incident to the CCG.

For patients managed as suspected / confirmed COVID-19 or in contact with suspected / confirmed cases in a healthcare setting, advise:

At the point of discharge, patient / resident...	Care required in home / community hospital after discharge...	Care required upon development of new symptoms...
Has no symptoms of COVID-19, including those patients who were exposed to possible / confirmed cases in hospital	Normal care No requirement for isolation unless exposure to suspected / confirmed case in care home prior to admission → complete 14 day* isolation if not already completed in hospital	Provide care in isolation if symptoms occur within 14 days of discharge from hospital: <ul style="list-style-type: none"> • Resident should not leave room (including for meals) for 14 days* from symptom onset or positive test • Staff should wear PPE • GP to assess if re-hospitalisation is required
Tested positive for COVID-19 but: <ul style="list-style-type: none"> • clinically improving <i>and</i>; • afebrile < 37.8°C for ≥ 48h <i>and</i>; • completed 14-day* isolation period in hospital 	Normal care No requirement for isolation	N/A Persistent cough in the absence of fever does not mandate isolation (post-viral cough may persist for several weeks)
Tested positive for COVID-19 and: <ul style="list-style-type: none"> • has not completed 14-day* isolation in hospital <i>or</i>; • fever ≥ 37.8°C within last 48h <i>or</i>; Has symptoms consistent with COVID-19 and either: <ul style="list-style-type: none"> • swab result still pending <i>or</i>; • negative swab but high clinical suspicion with typical features 	Provide care in isolation: <ul style="list-style-type: none"> • Patient / resident should not leave room (including for meals) for 14 days* from symptom onset or positive test • Staff should wear PPE 	N/A Persistent cough in the absence of fever does not mandate isolation (post-viral cough may persist for several weeks)

*14-day period of isolation is recommended (in preference to the usual 7-day period) as care home residents are a particularly vulnerable group