Guidance to Care Teams for Home Monitoring of Patients with Mild Respiratory Symptoms

In an effort to limit potential exposure of our patients to COVID-19, SCCA is asking patients with active respiratory symptoms to call the RN phone triage line before coming into the clinic. For those patients with mild respiratory symptoms who are staying at SCCA or Pete Gross House, we recommend that these individuals come into the clinic to be tested. For all other patients with mild respiratory illness, we encourage that these individuals remain at home until symptoms improve and to contact their care team to reschedule nonessential appointments and to establish a plan for home symptom monitoring. This document is intended to provide guidance to care teams when managing patients with mild respiratory illness who have been referred by the RN phone triage line for home symptom monitoring.

Patients with mild respiratory symptoms may have infections due to other respiratory viruses that are currently circulating in the community or COVID-19 or symptoms due to other non-infectious causes. We recommend that these patients be followed closely by their care teams with daily symptom monitoring by telephone call until symptoms improve. Please see attached template as a suggested method for symptom monitoring. If the patient develops fever, shortness of breath, or if there is concern at any time for worsening of respiratory symptoms, the patient should be referred to the clinic for diagnostic testing and evaluation.

Frequently Asked Questions

What are clinical symptoms of COVID-19?
The most commonly reported symptoms include fever, cough, and shortness of breath. Other symptoms include fatigue, myalgias, chills, sore throat, headache, nasal or sinus congestion and in some cases nausea, vomiting, and diarrhea. In some cases, there have been reports of worsening symptoms that occur during the second week of illness. There are limited data at this time about clinical symptoms of COVID-19 among patients with cancer and whether symptoms may differ when compared to other patient populations.

What should I do if my patient has a fever? Please follow your current care team protocol for evaluation and management of fever. It is critical to ensure that patients with fever and other signs of acute illness are appropriately managed according to existing protocols (e.g. neutropenic fever).

My patient has does not have fever or shortness of breath but has mild respiratory symptoms. Should I advise the patient to come into clinic to get tested?
For patients who are staying at SCCA or Pete Gross House, we recommend that these patients come into the clinic to be tested. For all other patients with mild respiratory symptoms, we suggest that they stay at home and reschedule nonessential appointments. We recommend that these patients be followed closely by their care teams with daily symptom monitoring by telephone call. If the patient develops fever, shortness of breath, or if there is concern at any time for worsening of respiratory symptoms, the patient should be referred to the clinic for diagnostic testing and evaluation.

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**How frequently should testing for COVID-19 be performed in a patient with negative test results and ongoing respiratory symptoms?**

In patients with ongoing mild respiratory symptoms and there remains a concern for a respiratory viral infection, the test should not be repeated more frequently than 7 days from date of the negative test. If there is any change or worsening of symptoms, repeat testing may be considered at an earlier date.