

Proposed Admission & Discharge Guidelines for SBGHC During COVID-19 Pandemic

Who do we...	Phase 1	Phase 2	Phase 3
	<ul style="list-style-type: none"> - Tertiary ICUs still accepting patients - We have acute care beds available 	<ul style="list-style-type: none"> - Tertiary ICUs NOT accepting patients - We still have a few conventional acute care beds - We have at least one non-conventional ventilator available 	<ul style="list-style-type: none"> - We have no more conventional beds - Any patients we admit goes in non-conventional beds / care arrangements
Admit?	<ul style="list-style-type: none"> - SpO2 <92% on room air (<88% for advanced COPD) - SBP <90 (hypotension) or lactate >4 - Severe metabolic abnormality (acute renal failure, positive troponin) - Unable to self-isolate, care for self or be cared for in usual residence (note: first consult CCAC crisis placement and/or LTC medical director) 		<ul style="list-style-type: none"> - As prior - More stringent criteria may be required (eg. Based on functional status and/or comorbidities)
Excluded from admission:	<ul style="list-style-type: none"> - LTC patients (unless exceptional/specific considerations that would benefit from brief acute hospitalization, e.g. urosepsis) 	<ul style="list-style-type: none"> - LTC patients 	<ul style="list-style-type: none"> - As prior - More stringent criteria may be required (eg. Based on functional status and/or comorbidities)
Discharge?	<ul style="list-style-type: none"> - patients no longer requiring supplemental O2 <u>or</u> for whom home/portable O2 is available - Functional status: able to get to the bathroom & back with family assistance & without prolonged dyspnea - Clinical trajectory is improving 		<ul style="list-style-type: none"> - patients no longer requiring supplemental O2 <u>or</u> for whom home/portable O2 is available - Family/primary caregivers are able to manage patient's current care needs even if high level - Clinical trajectory is improving