

COVID-19 Management for Psychiatric Inpatients

Patient on psychiatric inpatient unit develops symptoms c/w COVID-19

Asymptomatic patient on psychiatric inpatient unit tests positive for COVID-19 on admission*

- If patient is asymptomatic or mildly ill as determined by primary provider and can be maintained in proper precautions; consider keeping in unit.
- If primary provider determines that patient can't be medically managed, transfer patient to appropriate unit for medical care***; Behavioral Health staff to be assigned to medical unit to assist in care. Arrange transfer. If adult patient, call ATC; if pediatric patient, call COVID Gen Peds Attending On-Call (pager 6043)
- Primary service is Internal Medicine (or Pediatrics) with Psychiatry consulting
- Consult with Epidemiology for exposure investigation at 356- 1606 or pager 3158

Immediate action:

- Place patient in a private room
- Initiate Isolation: Modified Airborne, Contact, and Eye protection
- Notify primary care provider
- Determine exposure risk**
- Screen all patients on the unit for symptoms
 - Fever, cough, sore throat, body aches
 - Notify the provider and isolate any additional symptomatic patients
 - If a patient is COVID + and there is a concern for exposure: test all patients****
- Focus on masking of patients – masking and social distancing for group therapy, meals should be reviewed

- If respiratory viral symptoms present, initiate droplet precautions; Patient remains in private room
- Consult with provider and consider ordering Respiratory Pathogen Panel for symptomatic patients that are negative for COVID-19
- Patient may return to routine activity when all of the following criteria are met:
 - fever free for 24 hours
 - respiratory symptoms are improving
 - should continue to mask until symptoms resolve

COVID-19 test result

Positive****

Negative

Other Considerations:

- No patients requiring isolation precautions should be admitted to the CSU
- If exposure is determined, consider cohorting exposed patients in semi-private rooms and leaving private rooms for new admissions
- Consider closing the psychiatric inpatient unit to new admissions or cohorting mildly symptomatic and asymptomatic patients if there are further positives (active transmission)
- Follow protocol for discontinuation of isolation

* If acceptable documentation is obtained, positive and negative PCR or antigen test results from outside UIHC can be accepted for admission if they were collected ≤48 hours prior to admission. See [The Loop](#) (section: COVID-19 testing; External positive COVID-19 test results).

For patients held in the ED ≤48 hours before admission, the COVID-19 test obtained in the ED is acceptable prior to transfer to the inpatient psychiatry unit. If held >48 hours, re-test the patient before transferring to the unit.

**Was the patient staying in their room, were they in the communal spaces but kept their mask on or were they out in communal spaces without a mask. Consider group therapy and meals in determining exposure risk.

***Bed placement and primary service assignment questions, consult Psychiatry Attending and Nursing Leadership.

****Before testing all patients, consider: ≥ 1 positive test within 2 weeks of a first positive test, hospital-onset case, or many exposures to the symptomatic + patient.