ILI Clinical Pathway 6.18.21
Updated 6.18.21

Patients with COVID-like symptoms are directed to enter the system through the following avenues:

- MarCom signage and patient screening for symptoms at all walk-in ambulatory locations (QuickCare/Urgent Care and off-site primary care clinics)
- Contacting the PAC at 1-319-384-9010 and requesting a “Respiratory Illness” video visit appointment
- Contacting primary care (Family Medicine, General Pediatrics, General Internal Medicine) clinic scheduling (PAC) requesting an appointment with their PCP (or another provider) for respiratory illness symptoms.
- Contacting local primary care clinic triage RNs via telephone or MyChart messages and detailing symptoms of a respiratory illness that necessitate and encounter with a provider
- MyChart via direct scheduling “Respiratory Illness” video visits

If MyChart active and technology permitting: Video visit
No access to high speed internet: in-person visit

ILI Respiratory Telemedicine Visit

COVID Symptoms or high-risk exposure

- Stable - testing only appointment
- Unwell & needs further in-person evaluation (lung exam, chest x-ray, O2 check, etc.)
  - Urgent Care - Evaluation & Management Visit
  - Testing will be completed during this visit
- Unwell & needs emergency care
  - Call EMS (911) or direct to ED

Non-COVID Illness

- Treat accordingly via telemedicine or refer to PCP, QuickCare or Urgent Care

ILI Respiratory Clinic Visit (Test Only Visit)

COVID Positive

- Provider discusses self-management, self-isolation, and testing/quarantine of household contacts
- Offered enrollment into COVID home monitoring program (delivered pulse oximeter, blood pressure cuff, and vitals log sheet)

COVID Negative

- Offered follow-up Telemedicine visit or referral to PCP, QuickCare, Urgent Care for further diagnostic work-up and/or to ensure symptom improvement

Telemedicine Home Monitoring Respiratory Telemedicine Team

Patient Unwell

- Patient stable & requires in person Urgent Care - Evaluation & Management Visit for consideration of IV fluids, electrolyte replacement, labs, or imaging
  - SaO2 > 92%, but decreasing over last few days
  - Pre-syncope, lightheadedness
  - Not tolerating PO, loose stools
- Patient with worsening symptoms warranting admission - Direct admission to the floor
- Requires EMS (Call 911)
  - Dyspnea, chest pain, hypotension, syncope, hypoxia, encephalopathy

Patient Improves

- Patient monitored every 1-3 days via telemedicine and discharged when isolation criteria can be discontinued

ILI Respiratory Clinic Treatment Visit

Outcomes

- Patient dehydrated, labs stable, responds to IV fluids
  - Discharge to home monitoring telemedicine
  - Patient with abnormal labs or vitals, non-responsive to IV fluids
  - Direct admission to the floor
- Patient with worsening vitals - RR > 24, O2 sat < 92% on 3 L O2
  - ED for stabilization and disposition decision (ICU vs inpatient floor)

Red Flag Symptoms Present = Triage to ED

Have you lost consciousness or felt confused?
Are you so short of breath that it’s difficult to complete a sentence?
Is your skin color blushed around the mouth or on the inside of the lips?
Do you have significant chest pain?
Is your fever > 105.5 degrees F (40.8 degrees C)?