ILI Clinical Pathway
Updated 6.18.20

Patients with COVID-like symptoms are directed to an ILI Respiratory Telemedicine Visit at every entry point into our system:

- 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: Telephone visit

ILI Respiratory Telemedicine Visit

COVID Symptoms or high-risk exposure

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 vital log sheet)
- Risk stratified based on underlying health conditions (COVID Risk Score)
  - Low Risk - COVID Risk Score 0-1
    - Followed by ILI Respiratory Telemedicine Team until resolution
  - High Risk - COVID Risk Score 2+
    - Followed by Hospitalist HHT via telephone until symptoms resolution

COVID Negative

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

Telemedicine Home Monitoring with Hospitalist HTT & ILI Respiratory Telemedicine Team

Patient Unwell

- Patient stable & requires in person ILI Respiratory Clinic Treatment Visit for consideration of IV fluids, electrolyte replacement, labs, or imaging
  - SaO2 > 92%, but decreasing over last few days
  - Pre-syncpe, 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 with continued hospitalist HTT telemedicine follow up
- 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)