

Standard Operating Procedure for revised discharge policy and subsequent home isolation of COVID-19 patients

1. Patients who are mild/moderate symptomatic at the time of admission at isolation facility and become symptom-free would be considered for discharge from facility and advised home isolation.
2. The patient will be eligible for discharge after the 10 days of onset of symptoms and no fever for 3 days with oxygen saturation ($SpO_2 > 95\%$) without oxygen support.
3. The patient should be clinically assessed for the resolution of symptoms by the treating Medical Officer.
4. The patient should be carefully monitored by the treating medical officer for the following signs and symptoms and record will be kept in patient monitoring chart (Annexure I):
 - Temperature
 - Oxygenation level (with Pulse Oxymeter)
 - Any other relevant signs/symptoms
5. The patient should have the requisite facilities at their residence for self-isolation and also for quarantining the family contacts, i.e. clean, well-ventilated rooms with attached washrooms for the patient/home contacts.
6. The treating medical officer will certify that the patient is symptom-free as per guidelines and fit for home isolation (Annexure II).
7. The patient will give the undertaking (Annexure III) for self-isolation to ensure the availability of adequate facilities for isolation.
8. A care giver is available to provide care on 24 x7 basis. A communication link between the caregiver and hospital is established for the entire duration of home isolation
9. The care giver and all close contacts of such cases should take Hydroxychloroquine prophylaxis as per the protocol and as prescribed by the treating Medical Officer.
10. The patient should download COVA App (https://play.google.com/store/apps/details?id=in.gov.punjab.cova&hl=en_IN) on his/her mobile and the COVA App should remain active at all times (through Bluetooth and Wi-Fi).
11. The patient should be instructed to follow strict social distancing measures and respiratory etiquette.
12. The advisory for the home isolation of the discharged patients (attached) is strictly followed.
13. Patient under home isolation will end home isolation after 7 days of discharge without testing.



**Annexure I: Patient Record form to be used by treating physician for
COVID-19 patient in isolation**

Name of the patient:

Name of the caretaker:

Gender:

Name of the treating facility:

Age:

Address of the facility:

Address:

Name of attending physician:

Contact no-

Contact Number of Attending physician:

Alternate contact number:

Date of Discharge:

Date of admission to the facility:

Date of diagnosis of COVID-19 (RT-PCR):

Presenting symptoms:

Any co-morbidities:

Diagnosis:

Daily record sheet:

Date

Date

Date

Date

Date

Vitals:

Temperature:

Pulse:

SpO2-

Others-

Examination findings:

Advice:

Annexure II: Medical certificate for home isolation

Mr./Mrs. S/o or D/o or W/o

Resident of:

Medical Record Number :have been found to be
COVID-19 positive (RT-PCR) on.....

Date of onset of symptoms:

I, Dr.....,have examined the
patient on..... (DD/MM/YYYY) with the
diagnosis.....

The patient has completed 10 days of facility isolation and is symptom-free for
last 3 days. The patient can be allowed for home isolation as per guidelines.

Name of the physician:

Signature of physician:

Name & Address of the facility:

Date:

Annexure III: Undertaking on self-isolation

1. I S/W of, resident of contact number: being diagnosed as a confirmed case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period I shall monitor my health and those around me and interact with the assigned surveillance team/with the call centre (1075), in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.

2. I have facilities for home isolation as per the guidelines.

3. I have been explained in detail about the precautions that I need to follow while I am under self- isolation.

4. I have active COVA app on my phone and I assure that it will remain active throughout the period of isolation (through Bluetooth and WiFi).

5. I am liable to be acted on under section 188 of IPC as per provision of “The Epidemic Diseases Act 1897” for any non-adherence to self-isolation protocol.

Signature:

Date:

Place: