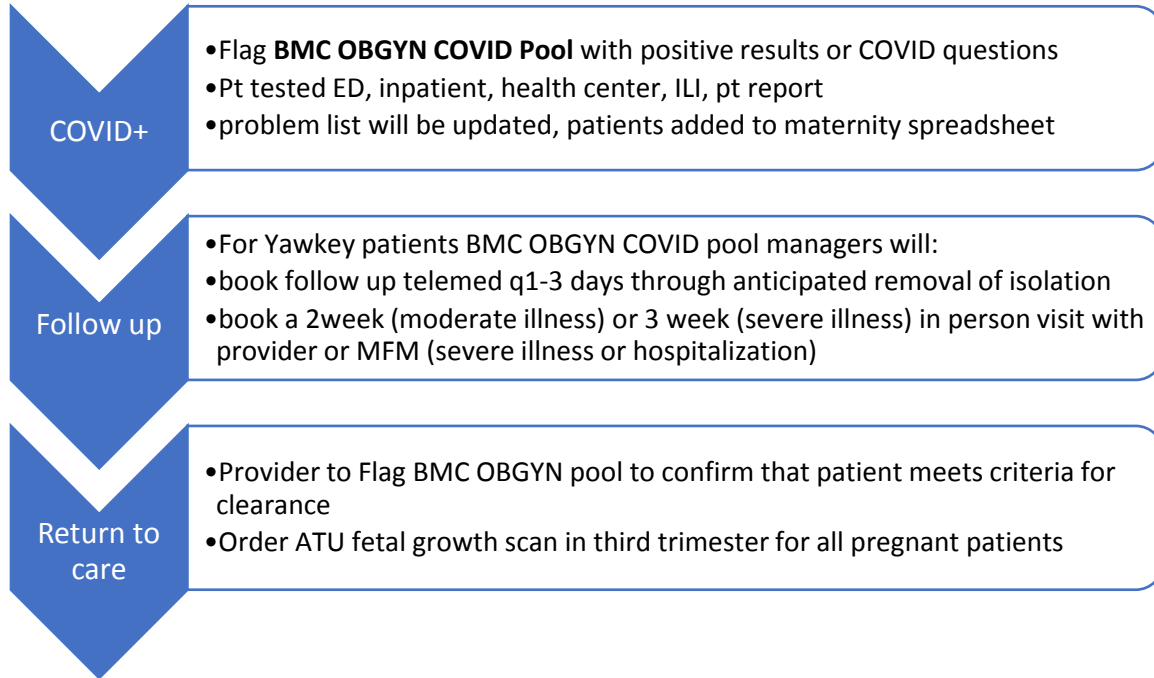


Flow for following pregnant patients diagnosed w COVID-19:

COMMUNICATION REGARDING COVID POSITIVE PATIENTS SHOULD GO THROUGH BMC OBGYN COVID POOL



Pregnant patients with COVID will be followed during their pregnancies. Bidirectional BMC OBGYN COVID pool is established to receive flags of patients testing positive in the community and BMC as well as to communicate to the CHCs with patients testing positive at BMC.

Community Health Center (CHC) patients

For patients being cared for at the CHC please flag the appropriate CHC pool. The CHC will arranged their own follow up calls and visits.

- **Adolescent Center, BMC Family Med**
Flag appropriate clinical pool/provider for follow up

*CHC	Pool Name	OBGYN Contact #
DotHouse	SA155 DotHouse OB/GYN [1550096]	(617)-740-2552 <small>(WH Nursing w/ voicemail that is checked multiple times a day Mon through Sat)</small>
Roslindale	SA152 Greater Roslindale OB/GYN [1520047]	(617)-363-1219 <small>(aka. "The Bat Phone" checked regularly)</small>
South Boston	SA150 South Boston OB/GYN [1500076]	(617)-464-7671 <small>(ask for Carolyn Feenay who is the OB nurse. If she isn't available then any nurse is fine)</small>
Upham's Corner	SA156 Upham's OB/GYN [1560092]	(617)-287-8000 <small>(ask for Sarah Ketter ext. 3262)</small>
Codman Square	SA159 Codman Square OB/GYN [1590083]	(617)-822-8709

*BHCHP has "opted-out", Mattapan/Whittier still deliberating.

Pool Name	Contact #
BMC OBGYN COVID Pool	(617)-414-4396
BMC OB/ATU Pool	(617)-638-8028 pager:0290
BMC OBGYN L&D Triage Pool	(617)-414-4325

Workflow for COVID follow-up calls:

1. Update problem list with COVID problem if not already noted. Use .bmcobcovidproblemlist
2. Phone call documentation: There are 2 smartphrases that can be used:
.bmcobcovidfirstfollowupcall and .bmcobcovidrepeatfollowupcall
3. Continue calls as booked q1-3 days until patient meets clearance
4. Returning to in person care
 - A 2 week in person visit (essential) for patients with mild-moderate illness will be booked by BMC OBGYN Pool managers
 - For patients who were admitted to the hospital book first visit with MFM.
 - For asymptomatic or outpatient managed patients book with primary maternity care provider
 - Patients with severe illness should be booked for in person visit 20 days after diagnosis with MFM
5. Order 3rd trimester fetal growth scan

Billing prenatal telemedicine follow up visits for Covid-19 related diagnosis

Please use the regular E&M, leveling codes. **Please do not use the prenatal billing codes with the (PN).**

For example please use 99212, 99213, 99214 or 99215. Bill based on time spent.

Please be sure to list the Covid-19 diagnosis as the primary diagnosis and eliminate all other diagnosis that are not relevant to the follow up call. Below are the relevant diagnosis calls.

Diagnosis Description	Diagnosis code
Exposure to exposure to Covid-19	Z20.828
Covid-19 positive	U07.1
Advice Given about Covid-19 by telephone	Z71.89

Documentation:

Problem list: You can also double check if inpatient team started the problem list for the COVID problem. If not you can add .bmcobcovidproblemlist which will provide basic information on time of symptom onset etc. You will need to share this from Kari Radoff's Smartphrase manager

Pulse Oximeters will start going out with admitted or high risk patients. For pts with O2 sat <95% discuss with pt over the phone how they are testing and instruct to take deep breaths. If continues <95% plan to page MFM on service to contact pt to discuss plan of care. For pts with pulse oximeters pulse O2 should be documented in note.

Current guide to symptom stratification

Severity of Sx	Clinical Assessment		
	Mild	Moderate	Severe
How is your breathing?	<ul style="list-style-type: none"> New cough and no shortness of breath (SOB) In patient with chronic cough, cough worse and no shortness of breath 	<ul style="list-style-type: none"> Cough with mild SOB Aware of breathing but comfortable Able to complete sentence without taking a breath mid-sentence Able to climb a flight of stairs without losing breath <ul style="list-style-type: none"> If at baseline has dyspnea with climbing stairs, worse from baseline 	<ul style="list-style-type: none"> SOB with one flight of stairs Any chest pain Unable to speak in full sentences Pulse O₂ < 95% (if able to measure)
What is your temperature?	T <100.4 OR subjective no fever	T 100.4 – 102.5 but responding to fever medicine OR subjective fever	>102.5 or >100.4 and not responsive to fever medicine OR subjective fever unresponsive to fever medicine and/or confusion
How is your intake of liquids? Are you having vomiting or diarrhea?	<ul style="list-style-type: none"> Mild vomiting/diarrhea Able to drink liquids Urinating every 4-6 hours 	<ul style="list-style-type: none"> Moderate vomiting or diarrhea Decreased fluid intake (<50% usual) Urinating at least 3 times daily, has tears 	<ul style="list-style-type: none"> Severe vomiting or diarrhea Unable to keep fluids down Decreased urine output to < 3x daily Syncope or near syncope
Are you (or your family member) more confused than usual?	<ul style="list-style-type: none"> Mentation normal/at baseline 	<ul style="list-style-type: none"> Mentation is normal/at baseline 	<ul style="list-style-type: none"> Mentation not at baseline: Confused, waxing and waning consciousness, not able to concentrate, hallucinating
Have you had a change in your mobility or a fall?	<ul style="list-style-type: none"> Function is normal able to perform ADLs without change in level of assistance 	<ul style="list-style-type: none"> Function is mildly reduced but able to manage daily function safely Needs some increased assistance in performing ADLs from baseline 	<ul style="list-style-type: none"> Sustained a fall Function severely reduced Needs significantly increased assistance in performing ADLs from baseline

Clinical trajectory: are your symptoms better, worse, or the same as yesterday?

Current protocol for risk stratification and follow-up frequency

Symptoms & clinical trajectory	+ Risk factors	No risk factors
Any severe symptom(s)	Send to ED	Send to ED
Moderate respiratory + worsening	Send to ED	Send to ED vs. High risk (next day)
Moderate respiratory + stable	Send to ED vs. High risk (next day)	Send to ED vs. High risk (next day) vs. Moderate risk (2d)*
Moderate respiratory + improving	Moderate risk (2d)	Moderate risk (2d)
Mild respiratory + worsening	Send to ED vs. High risk (next day)	High risk (next day) vs. Moderate risk (2d)* vs. send to ED
Mild respiratory + stable/improving	Moderate risk (2d) vs. Graduate	Low risk (3d) vs. Graduate
Moderate fever/GI symptoms/mobility only	Moderate risk (2d)	Moderate risk (2d)
Mild fever/GI symptoms/mobility only	Low risk (3d) vs Graduate	Low risk (3d) vs. Graduate
No symptoms	Low risk (3d) vs Graduate	Low risk (3d) vs. Graduate

These are guides as to appropriate follow-up; clinical judgment takes precedence when determining action

* Of note: clinical worsening often occurs day 5-9, please take into consideration

Criteria for graduation (we stop following patients in the team; patient is cleared from isolation):

- Currently inpatient (admitted)
- Cannot reach the patient by any means for 3 days
- Meet symptom-based clearance from isolation*:
 - More than 10 days* have passed since symptom onset, 1 day without fever (without use of antipyretics), AND 1 days with improving other symptoms.

* For patients admitted to the ICU or receiving a biologic, they must isolate for 20 days from symptom onset, & severely immunocompromised patients require test-based clearance (see next slide) can only graduate from follow-up monitor to retesting team if they meet criteria to start retesting

Clearing Patients:

Review removal from isolation plan. Must meet 10/1 or 20/1 rule. Please refer to [COVID-19 Maternal Child Health Covid Testing Clearance and Guidance for Support People](#) for clearance protocols for obstetric patients. Access this document on the HUB or at the Bu OBGYN website under COVID resources.

COVID banner for previously positive patients will automatically be removed by the hospital.

For concerns or questions about patients COVID status infection control pager (p5411) for review.

SMARTPHRASES:

.bmcobcovidfollowupcallfirst

Telephone call to @NAME@ @GP@ @ @GA@ s/p resulting COVID+ on {DATE:23299}. Pt called with*** the use of a telephone translator. Pt states ***

COVID Course:

{krcovidcourse:25092}

Review of Covid sx:

Temperature today: {Temp:15322}

Do you have a pulse oximeter? {YES/NO:63}

Respiratory sx: {Respiratory:23978}

OB sx:

{KRobssx:25068}

Postpartum symptoms:

{krcovid postpartum:24996}

Isolation Precautions:

Who is home with you? ***

If there are children at home - are there other adults who can take care of your children so they do not get exposed to the virus? ***

How are you keeping yourself away from others in your home? ***

Do you have a mask that you can use? ***

Have your close contacts been tested? ***

Review precautions & help with suggestions on how to limit exposure to others

Resources:

Enough food at home - is there another adult able to bring/drop off food? ***

If no, is it ok for me to share your address with a volunteer who can drop off food for you at your home?

Are there other resources you need right now that you are unable to get? ***

Is it ok for me to refer you to SW who will follow-up with you? ***

Do you have the HeyMama App and My chart on your phone?***

PLAN:

SW consult placed {YES/NO:63}

Food bank referral {YES/NO:63} . If volunteer needed to delivery to patient flag Estefany Flores and Cara McGuinness

Third trimester growth scan ordered {YES/NO:63}

Expect clearance after date: *** Booked for in person visit 2 weeks after diagnosis {YES/NO:63}

Plan for repeat call in 1-3 days based on patient symptoms. Call Center flagged to book visit.

Reviewed If fever greater than 101, severe coughing, SOB or CP, plant to refer to ED

If OB complaints, will refer to L&D

Reviewed warning signs and sx; remind patient to call MW pager (617-414-7293) or L&D (617-414-4364) with new or worsening symptoms so we can give instructions about best place to be evaluated

.bmcobcovidfollowupcallrepeat

Telephone call to @NAME@ @GP@ @GA@ s/p resulting COVID+. Pt called with* the use of a telephone translator. Pt states *****

Review of Covid sx:

Do you feel like your symptoms are better, worse, same? ***

Temperature today: {Temp:15322}

Do you have a pulse oximeter? {YES/NO:63}
Respiratory sx: {Respiratory:23978}

OB sx:
{KRobssx:25068}

Postpartum symptoms:
{krcovid postpartum:24996}

Isolation Precautions:

Who is home with you? ***
If there are children at home - are there other adults who can take care of your children so they do not get exposed to the virus? ***
How are you keeping yourself away from others in your home? ***
Do you have a mask that you can use? ***
Have your close contacts been tested? ***

Review precautions & help with suggestions on how to limit exposure to others

Resources:

Contacted by SW provider? ***
Any changes to resource needs?

PLAN:

Reviewed If fever greater than 101, severe coughing, SOB or CP, plan to refer to ED
If OB complaints, will refer to L&D
Reviewed warning signs and sx; remind patient to call MW pager (617-414-7293) or L&D (617-414-4364) with new or worsening symptoms so we can give instructions about best place to be evaluated

Greater than ***minutes were spent counseling and providing support to the patient. All questions reviewed and patient verbalized understanding with plan.

Plan for repeat call in 1-3 days by symptoms

Review removal from isolation plan: Must be at least 10 days from symptom onset OR test date if asymptomatic or 20 days with severe illness, AND at least 1 day without fever, and improving respiratory symptoms.

@ME@