COVID-19 OB Team Processes

Inpatient care coordination:

- Patients: They are admitted to the COVID-19 OB service. This is a separate patient list in Powerchart.
- Attendings: Attending roles are *COVID-19 OB Attending* in Tiger Connect and *OB COVID attending* in QGenda and AMION for PALS.
    - Nights and weekends: Backup attending is called in the event of any COVID+/PUI delivery (vaginal or cesarean) or if a sick patient is admitted. Backup attending's clinical responsibilities the next day may be adjusted depending on the circumstances.
- Residents: Resident roles are *COVID-19 OB Resident* in Tiger Connect and *COVID Resident Day/Night* in AMION. The COVID OB Resident should be called in to provide care for all COVID+ and PUI patients, including in OB Triage, night and day.
- MFM Fellow consultants: Fellow roles are *MFM Fellow COVID Consults* in QGenda.
- Hospitalist consultants:
    - 0700 – 1900 Tiger Connect role: *Zinc 3*
    - 1900 – 0700 Tiger Connect role: *Zinc Medicine Night Attending*
- ICU consults: Tiger Connect role *COVID-19 ICU New Consult*

Rounding and handoffs:

- Weekdays at 0645: The overnight COVID OB attending should call the oncoming COVID OB attending if there is a laboring patient who is COVID-19 positive or a PUI.
- Weekdays at 0830: COVID patient rounds follow completion of ROB rounds unless earlier attention is required.
- Weekends and holidays: COVID rounds will occur as directed by the in-house attending.
- One member of the COVID-19 OB team joins twice-daily multidisciplinary rounds via zoom when there are patients admitted to the service.
    - 0745 AM multidisciplinary rounds: COVID OB Resident
    - 1945 PM multidisciplinary rounds: COVID OB Attending
- **Ward/COVID-19 OB Attending Rounding Schedule (Monday – Friday)**
    - 0700: GYN Rounds with L&D PGY2
    - 0730 (to follow GYN Rounds): ROB Postpartum with L&D PGY 1 and off-service residents
    - 0745: COVID resident joins L&D multidisciplinary board rounds via Zoom
    - 0830 (to follow ROB PP Rounds): COVID-19 OB Rounds

Outpatient postpartum care coordination:

<u>Follow-up plan through 2 weeks postpartum</u>: Care through 14 days postpartum (baby is a PUI for 14 days) is coordinated with the COVID Follow-up Clinic with wraparound visits for mom, baby, lactation, Peds, OB, etc.

To arrange a visit with the COVID Follow-up Clinic, place an ad hoc referral to *COVID-19 Consult Request Adult* and send a TigerConnect message to *COVID-19 Follow-up Clinic Attending*, or send a Powerchart message to Debora Bear NP and Dr. Alisha Parada. Ideally coordinate a warm handoff with Debora Bear. Need as many patient phone numbers as possible.

The COVID Follow-up Clinic has wraparound services – mom, baby, case management, etc

- o BP checks
- o Social work
- o Nurse case management
- o Pharmacy
- o Newborn baby visits including weight, bili, metabolic screen
- o Xray
- o Lab

<u>Follow-up plan beyond 2 weeks postpartum</u>: The OB-COVID postpartum discharging team coordinates the patient's 6 week follow up visit and any other care she needs as usual with UNM OBGYN clinic or with their referring provider.

De-escalation of Isolation for COVID+ inpatients or PUI who test negative:

- If any questions or differences of opinion, please do not hesitate to reach out to the Hospital Epidemiologist Meghan Brett (for adult patients) via Tiger Connect.
- See separate UNMH document; briefly:

For persons under investigation (PUI):
1. Go to "Text Rendition Documents" to review "COVID-19 Risk Assessment" (may be used to assess thinking at time of ordering COVID test).

2. Determine lower vs. higher risk for COVID infection.
   - Lower Risk:
     - o Test ordered based on signs/symptoms
     - o No high exposure risks
   → Deescalate to appropriate isolation by assessing for other indications for isolation
     - Review ICHx in EMR banner for other active indications
     - Determine if RESPAN result pending (droplet/contact required until result returns)
     - Evaluate other ongoing infections (e.g., *C. difficile*)

   - Higher Risk:
     - o Test ordered based on signs/symptoms
       - ▪ Cough, shortness of breath, fever (subjective or actual temp of >100F), acute loss of smell (anosmia)

- o Higher risk exposures
    - ▪ Travel to areas with ongoing community spread
    - ▪ Contact of a patient with known COVID infection
    - ▪ Healthcare worker with exposure to patient with COVID infection

→ Repeat testing for COVID if no alternative diagnosis is probable/likely (to explain symptoms). Do not change isolation orders without contacting attending. NOTE: alternative diagnosis does not always preclude COVID infection

3. Write brief note:
   a. Use "Consult Note - Infection Prevention"
   b. Include COVID Risk, COVID result, Alt dx if negative, planned type of isolation

For patients on progressive care units or non-intubated in the ICU:

- Send a nasopharyngeal swab (NP) for a COVID test for whichever criteria is longer:
    - o Hospital day 7 or
    - o 72 hours beyond the time of symptom improvement (e.g., improving cough or shortness of breath) AND resolution of fever without the use of fever-reducing medications.
- If first test is negative, send a second NP swab for a COVID test. Two negative tests at least 24 hours apart are required to discontinue precautions.
- If either test is still positive, repeat the COVID test every 72 hours if the patient is still hospitalized.