

Cleveland Clinic Admission Guidelines for Confirmed or Suspected COVID-19 Patients

The predicted surge of COVID-19 patients may exceed hospital bed capacity.

This clinical admission guideline is based on current CDC guidelines and recent clinical evidence. Clinicians should refer to it to assist with decisions regarding admission. Note: This is a guideline and should not substitute for physician judgment.

Adult Admission Guidelines:

1. Patient requiring professional services, monitoring, equipment, etc. only a hospital can provide
2. New oxygen requirement
 - a. Healthy patient without lung disease resting O₂ sat \leq 94% on RA.
 - b. Patients with cardiac or lung disease WITH worsening dyspnea on exertion, SOB, and/or increased O₂ requirement.
 - c. O₂ sat \leq 88% has a high correlation with ARDS; consider ICU admission.
3. Significantly abnormal vital signs and/or labs
4. Inability to take oral medications or fluids

Additional Things to Consider:

1. Age \geq 65, or significant co-morbid conditions (cardiovascular disease, diabetes, chronic respiratory disease, hypertension, immunosuppression and cancer) are important considerations BUT admission should be considered when the above criteria are present. Comorbidities alone are generally not an admission criteria.
2. Consider PSI/PORT score or CURB 65 Score to aid in disposition. Although developed for CAP (Community Acquired Pneumonia), both websites now include COVID-19.
3. Elevated HS TnT and elevated CRP appear to correlate with increased decompensation and ICU admission. (Any new lab markers that might influence disposition decisions will be disseminated)
4. If SOFA score $>$ 11, consider palliative care.
5. Senior Living Facilities and SNFs – Follow guidelines above. Follow local process and guidelines regarding discharge back to SNF.
6. Consider patient's ability to engage in monitoring, home isolation, and the risk of transmission in the patient's home environment. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
<https://www.mdcalc.com/psi-port-score-pneumonia-severity-index-cap>
<https://www.mdcalc.com/curb-65-score-pneumonia-severity>
<https://clincalc.com/icumortality/sofa.aspx>

Pediatric Patient Admission Guidelines:

1. Patient meets traditional criteria for inpatient management (consider age, ability to take oral fluids, fever status and appearance), for example:
 - a. Fever in infant less than 60 days:
 - i. Age $<$ 28 days and Fever $>$ 38 C or $<$ 36 C
 - ii. Age $>$ 28 days and clinical suspicion of serious bacterial infection
2. New oxygen requirement, abnormal vital signs, or respiratory distress
 - a. Hypoxia (SpO₂ $<$ 90% on room air)
 - b. Need for bronchodilator more frequently than q 4 hours
 - c. Significantly increased work of breathing (moderate/severe)
 - i. Retractions, nasal flaring, difficulty breathing, apnea, grunting
 - d. Tachypnea
 - i. Respiratory rate $>$ 70 breaths/minute infants $<$ 12 month
 - ii. Respiratory rate $>$ 50 breaths/minute older children
3. Inability to take PO/dehydration/severe diarrhea
4. Underlying conditions that predispose to more serious course (e.g., cardiopulmonary disease, chronic lung disease especially if on oxygen, immunocompromised host, etc.)
5. Toxic appearance