TEL: 949 872 2400 | FAX: 949 872 2401 | WWW.PAINCAREPROVIDERS.COM

PAIN CARE PROVIDERS

Patient Triage Practice Guideline During Covid-19 Outbreak

Updated: 4/23/2020

PCP COVID-19 Clinical Practice Committee:

- Amir Rafizad MD
- Reza Mahrou MD

Statement:

The outbreak of COVID-19 and its spread in the World and United States has presented unique challenges to healthcare providers from all areas of medicine. Medical practices have two main considerations as they evaluate the care they deliver to patients. First, there is a need to reserve precious medical equipment and supplies required by other healthcare providers in the front-line care of patients with COVID-19 disease. Second, there is a need to encourage social distancing by limiting medical care delivery to urgent or emergent patient conditions. As a result, face-to face clinic visits and procedures that can be postponed should be.

Pain Care Providers care for a uniquely vulnerable set of patients. Patients that suffer from spinal, neurological, musculoskeletal or other medical conditions with debilitating acute or chronic pain who often rely on medications that require careful and frequent monitoring and/or procedures that allow for a reasonable level of pain control. In the absence of an accessible outpatient clinic option, many of our patients would be forced to seek out care in emergency rooms or urgent care centers, which may expose our patient population to increased risk of contracting COVID-19 disease and increase the stress these facilities are already experiencing with the demands of caring for patients with COVID-19 disease.

On Wednesday, April 15, 2020, California Governor Gavin Newsom released the “California Roadmap to Modify the Stay-at-Home Order. On Wednesday April 22, 2020 he relaxed his stay-at-home order to let hospitals resume elective surgeries.

In light of the medically vulnerable patient population we care for and given the State and National need to socially separate and conserve medical resources, PCP has developed the following triage plan to balance those needs. The procedures we perform at ASC or office prevent patients from needing to start potent opioid analgesics or limit the increase of opioid analgesics, which is a desired clinical goal in the setting of the national epidemic with opioid-related adverse medication events. It’s also desirable that we limit patient opioid analgesic doses in the setting of COVID-19 outbreaks, given the known immunosuppressive effects of exogenous opioids. Office based procedures are performed with a very limited amount of PPE utilized (one non-H95 mask per day and sterile gloves instead of non-sterile barrier gloves which are typically used by providers caring for COVID-19 patients). ASC procedures will be performed using N-95 that can be resterilized and sterile gloves). This plan will be reviewed weekly by the PCP COVID-19 Clinical Practice Committee to ensure the best practices are followed until this pandemic is under control.

Triage Guidelines:

- Telehealth for patients at risk of severe COVID-19 illness (per CDC guidelines)
    - People aged 65 years and older
    - People who live in a nursing home or long-term care facility
    - Other high-risk conditions could include:
        - People with chronic lung disease or moderate to severe asthma
        - People who have serious heart conditions

- People who are immunocompromised including cancer treatment
- People of any age with severe obesity (body mass index [BMI>or=40] or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk.
- Patient reporting fever of 99.7 or higher.

- Office visits & associated medical care:
  - **<u>In person office appointment:</u>**
  - **Patient will stay in their car and called up 1 at a time via a phone call or text message.**
  - **No companion or pets (unless therapy dog) allowed in office premises and no more than 2 patients in the entire office premise at any time.**
  - **Upon patient arrival temperature will be checked. If more than 99.7 they will need to be rescheduled. <u>Patients will need to use hand sanitizers and possess a mask on admission.</u>**
  - **Rooming by only one staff who wears PPEs (N95 and non-sterile gloves).**
  - **Vital signs and weight to be checked for New Patients and only those follow ups when asked specifically by MD.**

    ASC: Procedures are scheduled when reasonable alternatives do not exist for the patient's medical care and the pain intensity is 6 or >, there is significant functional impairment and/or there is risk of opioid regimen escalation and/or needing urgent/emergent care if the pain not reasonably controlled. All staff interacting with patients should wear N-95 masks. Only one patient at ASC side at a time (next patient can come in when first patient is discharged).
  - **Patient will stay in their car and called up 1 at a time via a phone call or text message.**
  - **No companion or pets (unless therapy dog) allowed in office premises and no more than 2 patients in the entire office premise at any time.**
  - **Upon patient arrival temperature will be checked. If more than 99.7 they will need to be rescheduled. <u>Patients will need to use hand sanitizers and possess a mask on admission.</u>**
  - **Rooming by only one staff who wears PPEs (N95 and non-sterile gloves).**
  - **Patients will be initially scheduled in 30-45 minutes intervals to ensure social distancing in the ASC.**

  - **For all patients consider use of a lower dose of corticosteroid medication when indicated.** Steroid injections are known to decrease immunity but this affect is dose depended. Some providers are reducing the dose by 50%.
  - Consider face-to face appointments if pain is severe and poorly-controlled, other concerning symptoms are reported such as neurological deficits, and/or there is significant functional impairment.

  - Proceed with medical services including imaging studies and office-based procedures if the services are considered urgent, for example for office procedures pain level 5 or greater, significant functional impairment and/or limited available alternatives and/or risk of escalation of opioid regimen and or emergency care/hospitalization if pain is inadequately controlled in the outpatient setting

<u>FOR PATIENTS WHO HAVE HAD COVID-19 INFECTION & ENDING OF ISOLATION:</u>

- There are 3 scenarios here with different responses. Symptoms only, no symptoms but positive test, symptoms plus positive test.
  - **Symptoms only:** these are patients that developed fever, cough, and shortness of breath and were told (or decided) to self isolate for 14 days.

        - At least 7 days have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
        - At least 21 days have passed *since symptoms first appeared*.
    - Positive test but asymptomatic:
        - Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.
    - Positive test and symptomatic (**this one has some controversy)**
        - Resolution of fever without the use of fever-reducing medications and
        - Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
        - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)for specimen collection guidance.
        - It's the 3rd point that has controversy. These bullet points are taken right from the CDC website; however, when a committee member spoke to the Utah Department of Health they are not recommending retesting at this point. They are recommending a minimum of 7 days from the positive test and 3 days symptom free *(in order to ensure safety Pain Care Providers guidelines for patients with previous symptoms and positive COVID 19-test are 14 days from positive test and 7 days symptoms free).* For example, if a patient tested positive on March 10th and had symptoms until March 16th they would be considered safe to end isolation on March 23th. This could change with time (as more testing kits are available they may recommend retesting) so we will have to watch that.

EXOGENOUS STEROID EXPOSURE IN PATIENTS THAT HAVE SYMPTOMS OR TESTED POSITIVE:

Based on current data and conversations with different Health Departments it is thought that once a patient had been symptom free for 7 days (just like the ending of isolation) that they would have likely developed adequate immunity and the risk of reoccurrence of the infection was very minimal.

Given that the committee doesn't have solid evidence for review in the situation of previous COVID-19 infection and corticosteroid exposure, but with some reassurance from the health department the committee recommends for patients with severe pain and significant functional impairment, a minimum of 7 days without symptoms following COVID-19 infection prior to use of corticosteroid medication.

Mask and Eyewear:

Given the CDC's newest recommendation to wear a mask while in public we are now requiring all staff to wear a mask and eye protection in the ASC when interacting with patients. Employees will be provided with a reusable mask and eye wear.