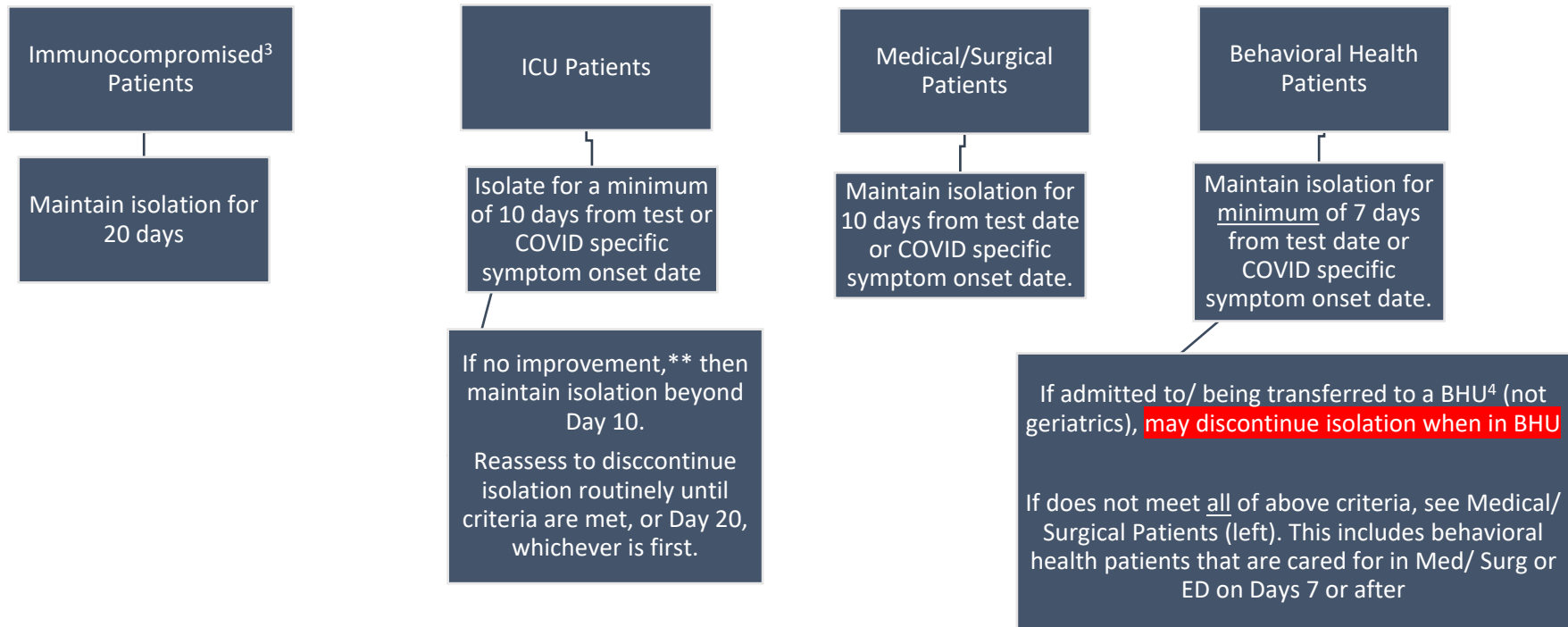


## Discontinuation of Isolation Precautions for Covid (+) Patients

**Note: This algorithm is only for patients who are improving in their clinical status, afebrile<sup>1</sup>, and with improved oxygen requirements.<sup>2</sup> Patients who are not showing clinical improvement would still need to isolate for up to the 20-day maximum.**

**Always follow AGP guidance once modified contact and droplet isolation is discontinued**



### 1. Without the use of fever reducing medications.

**2. Improvement is defined as** stable and/or improved O2 for 24 hours, considering the patient's baseline respiratory status/SPO2. Examples include:

- Transition from ventilator to high flow or CPAP/BiPAP
- Transition from high flow/CPAP/BiPAP to nasal cannula
- Transition from nasal cannula to room air
- Maintained on a ventilator with stable SPO2 and stable vent settings for at least 24 hours

### 3. The CDC defines immunocompromised as:

- Currently receiving chemotherapy for cancer
- Being within one year out from receiving a hematopoietic stem cell or solid organ transplant
- Untreated HIV infection with CD4 T lymphocyte count lower than 200
- Primary immunodeficiency (PI)
- Taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab)
- Taking more than 20 mg a day of prednisone, for more than 14 days

### 4. Contact IC if there is a known immunocompromised patient in milieu