



CMHC/TDCJ Managed Care COVID-19 Medical Restriction-Isolation Resource Guidelines

To provide prompt COVID-19 care and prevention to our patient population, the 3 flowsheets are used for monitoring COVID-19 medically restricted and medically isolated patients. The COVID-19 Medical Restriction flowsheet is a tool used for daily monitoring of patients that have been exposed to a positive COVID-19 patient. Daily rounds are made to evaluate these patients for signs and symptoms of COVID-19. These assessments help identify the onset of symptoms, prompt testing, identify positive COVID-19 patients, and minimize the spread of COVID-19. The COVID-19 Medical Isolation Symptomatic Suspect-Confirmed flowsheet is a tool for daily monitoring of ill suspected or confirmed positive patients. This allows the nurse to assess the improvement or worsening of the patient's symptoms and the need for reevaluation of the patient's treatment plan. The COVID-19 Medical Isolation – Asymptomatic Positive is a tool used for daily monitoring of positive COVID-19 patients with no symptoms at the time of testing. This allows for the assessing new onset of symptoms during the isolation period and the need for reevaluation of the patient's treatment plan.

COVID-19 Medical Restriction Flow Sheet

Guidelines:

1. Patients with ordered Medical Restriction will be screened at least once daily and documented on the Medical Restriction Flow Sheet.
2. The length of time in Medical Restriction will be 10 days from the date of exposure.
3. If the date of exposure is in the past, draw a line through the number of days which have lapsed so that only the remainder of the 10 days are available for screening.
4. The Screener will wear full Personal Protective Equipment (PPE) consisting of gloves, mask, gown and eye protection (face shield or goggles).
5. The patient will be screened for symptoms commonly associated with COVID-19 infection. Patient will have temperature taken and asked if they have a cough, shortness of breath, chills, muscle pain, fatigue, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea in the last 48 hours.
6. If YES to any of the symptoms, have the patient don a surgical mask and notify a provider for additional screening.
7. Upon completion of the Medical Restriction Flow Sheet or change of status, the flow sheet will be scanned into the patients Electronic Health Record (EHR).

COVID-19 Medical Isolation – ASYMPTOMATIC Positive Flow Sheet

Guidelines:

1. Patients will be screened at least once a day or more if clinically indicated. Document findings on the COVID-19 Medical Isolation – ASYMPTOMATIC Positive Flow Sheet.
2. If the collection of the specimen is in the past, draw a line through the number of days which have lapsed so that only the remainder of the 10 days are available for screening. If the date of collection is unavailable, use the positive lab report date as day.
3. The Screener will wear full Personal Protective Equipment (PPE) consisting of gloves, mask, gown and eye protection (face shield or goggles).



4. The patient will be screened for symptoms associated with COVID-19 infection. Patient will have temperature taken and asked if they have a cough, shortness of breath, chills, muscle pain, fatigue, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea in the last 48 hours.
5. If YES to any of the symptoms, have the patient don a surgical mask and notify Security to move the patient to Medical Isolation for Symptomatic patients and initiate the COVID-19 Medical Isolation – SYMPTOMATIC Suspect/Confirmed Flow Sheet.
6. If the patient remains asymptomatic after 10 days from the date of collection of the specimen or positive lab report date, notify TDCJ OPH for request to release from Medical Isolation.
7. Upon completion of the COVID-19 Medical Isolation – ASYMPTOMATIC Positive Flow Sheet or change of status, the flow sheet will be scanned into the patients Electronic Health Record (EHR).

COVID-19 Medical Isolation – SYMPTOMATIC Suspect/Confirmed - Flow Sheet

Guidelines:

1. Patients will be screened at least twice a day or more if clinically indicated. Document findings on the COVID-19 Medical Isolation – SYMPTOMATIC Suspect/Confirmed – Flow Sheet.
2. The length of time in Medical Isolation will be until all 3 requirements have been reached: 10 days after symptom onset and 24 hours after the resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms. Release from Medical Isolation requires a provider order or direction from the TDCJ Office of Public Health.
3. The Screener will wear full Personal Protective Equipment (PPE) consisting of gloves, mask, gown and eye protection (face shield or goggles).
4. Patients will be assessed for temperature, respiratory rate, oxygen saturation by pulse oximeter, and asked if cough and shortness of breath has improved, is unchanged, or has worsened. A provider will be notified for any of the following: temperature is above 101°F, respiratory rate greater than 22 breaths per minute, SpO2 is less than 90%, or if the patient reports worsening of condition. Document provider notification and orders received on a Nurses Clinic Note in the medical record.
5. Upon completion of the COVID-19 Medical Isolation -SYMPTOMATIC Suspect/Confirmed -Flow Sheet, the flow sheet will be scanned into the patient's Electronic Health Record (EHR)

**CMHC/TDCJ Managed Care
COVID-19 Medical Restriction Flow Sheet**

NAME:	FACILITY:
TDCJ#:	CELL#:
	START DATE:

Day	Date & Time	Temp	Temperature 100.0 or above? Y/N	Any of the following: cough, SOB, chills, muscle pain, fatigue, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea in the last 48 hours. Y/N If Yes, document each symptom present	Name of Screener
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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Guidelines**

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- 6 If YES to any of the symptoms, have the patient don a surgical mask and notify a provider for additional screening.
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**CMHC/TDCJ Managed Care
COVID-19 Medical Isolation – ASYMPTOMATIC Positive Flow Sheet**

NAME:	FACILITY:
TDCJ#:	CELL#:
Specimen Collection Date:	C-19 Positive Test Result Date:

Day	Date & Time	Temp.	Temp. 100.0 or above? Y/N	Any of the following: cough, SOB, chills, muscle pain, fatigue, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea in the last 48 hours. Y/N If Yes, document each symptom present	Name of Screener
1					
2					
3					
4					
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CMHC/TDCJ Managed Care

COVID 19 Medical Isolation SYMPTOMATIC Suspect/Confirmed - Flow Sheet

NAME:	FACILITY:
TDCJ#:	CELL#:
Symptom Onset Date:	C-19 Positive Test Result Date:

Day		Date & Time	Temp	Resp. Rate	SpO2	COUGH: Unchanged Improved or Worsening?	SOB: Unchanged Improved or Worsening?	Name of provider notified due to Temp above 101°F, Resp rate over 22/min, SpO2 less than 90%, worsening Cough or SOB	Name of Nurse
1	AM								
1	PM								
2	AM								
2	PM								
3	AM								
3	PM								
4	AM								
4	PM								
5	AM								
5	PM								
6	AM								
6	PM								
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8	AM								
8	PM								
9	AM								
9	PM								
10	AM								
10	PM								

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