

2019 Novel Coronavirus

Interim Considerations for Disposition of Hospitalized Patients with 2019-nCoV Infection

Currently, limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and duration of viral shedding for 2019-nCoV infection. Interim guidance for disposition of hospitalized patients with 2019-nCoV infection has been developed based on available 2019-nCoV information and what is known about related coronaviruses (MERS-CoV and SARS-CoV). This guidance is subject to change as additional information becomes available.

The following is intended to serve as a framework for patient disposition. **All patients should be evaluated on a case-by-case basis and their disposition discussed with health care providers and public health departments.**

For Hospitalized Patients with Confirmed 2019-nCoV infection:

- Currently, hospitalized patients with confirmed 2019-nCoV infection should be cared for in an Airborne Infection Isolation Room (AIIR) using [Standard, Contact, and Airborne Precautions with eye protection](#).
- If an AIIR is not immediately available, consideration should be given to transferring the patient to a facility that has an available AIIR. If transfer is impractical or not medically appropriate, the patient should be cared for in a single-person room and the door should be kept closed. The room should ideally not have exhaust that is recirculated within the building without high-efficiency particulate air (HEPA) filtration. Healthcare personnel should still use gloves, a gown, respiratory and eye protection and follow all other [recommended infection prevention and control practices](#) when caring for these patients.
- If there are not enough AIIRs to care for patients with confirmed 2019-nCoV infection, existing AIIRs should be prioritized for the care of patients who are symptomatic with severe illness (e.g., those requiring ventilator support).
- The decision to discontinue Transmission-Based Precautions for hospitalized 2019-nCoV patients should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials and should consider disease severity, illness signs and symptoms, and results of laboratory testing for 2019-nCoV in respiratory specimens. Considerations to discontinue Transmission-Based Precautions include meeting all of the following:
 - Resolution of fever, without use of antipyretic medication
 - Improvement in illness signs and symptoms
 - Negative results of rRT-PCR testing for 2019-nCoV from two respiratory tract (nasopharyngeal swab and throat swab) specimens collected ≥ 24 hours apart. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#)

For Non-Hospitalized Patients with Confirmed 2019-nCoV infection:

- Patients can be discharged from the healthcare facility whenever clinically indicated.
- Isolation should be maintained at home if the patient returns home before the decision is made to discontinue Transmission-Based Precautions. The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments and should include considerations of: the home's suitability for and patient's ability to adhere to home isolation recommendations, and potential risk of secondary transmission to household members with immunocompromising conditions. See CDC [Interim Guidance for Home Care](#) of patients with confirmed nCoV infection and persons under investigation for infection with nCoV and [Interim Guidance for Preventing 2019-nCoV from Spreading to Others in Homes and Communities](#)

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