



When to de-isolate and discharge COVID-19 patients

⊕ Patient is COVID-19 screen positive

Inpatient should be isolated for 14 days

Try not to move patient from isolation until discharge.

Discharge home when medically fit, as early as it is safe to do so.

For intensive therapy unit (ITU) and other critical areas that require quicker step down for bed availability needs

Transfer to a COVID-19 area

If no beds in COVID-19 area, then earlier de-isolation if day 8 tested SARS-CoV-2 RNA RT-PCR screen is negative

Intubated/tracheostomy patients require a negative SARS-CoV-2 RNA RT-PCR screen from lower respiratory tract sampling.

Inpatient has been isolated for 14 days

- clinical improvement with at least some respiratory recovery
- absence of fever (>37.8°C) for >48 hours.

De-isolate

- no clinical improvement or no respiratory recovery
- fever-free period (>37.8°C) for >48 hours.

Continue isolation until no fever or respiratory symptoms for >48 hours

If required for reassurance, repeat SARS-CoV-2 RNA RT-PCR at day 14 and de-isolate patient after one negative SARS-CoV-2 RNA RT-PCR screen.

For immunocompromised patients, check for negative SARS-CoV-2 RNA RT-PCR after a minimum of 14 days before de-isolation – if SARS-CoV-2 RNA RT-PCR remains positive, repeat every 72 hours until a first negative PCR is achieved prior to de-isolation.

⊖ Patient is COVID-19 screen negative

Inpatient has clinical signs of respiratory infection at admission

Repeat SARS-CoV-2 RNA RT-PCR test at least 72 hours after initial negative sample

Repeat screen is positive

Continue isolation

Repeat screen is negative

Ask Microbiology to complete extended viral respiratory screen to detect alternative agents (e.g. parainfluenza, enterovirus D68)

Alternative infective agent found

De-isolate, if asymptomatic for >48 hours

No alternative agent is found

De-isolate, if thought to be presumptive bacterial or atypical pneumonia

Follow process for COVID-19 screen positive

Inpatient has new onset clinical or radiological suspicion of COVID-19 infection

Isolate patient as this could be potential hospital-acquired COVID (HA-COVID)

Ask Microbiology to do SARS-CoV-2 RNA RT-PCR and if possible, a complete extended viral respiratory PCR screen (especially if patient is immunocompromised or severely ill), on samples taken at least 72 hours after any fever or respiratory symptoms

Positive SARS-CoV-2 RNA RT-PCRs or continuing fever or respiratory symptoms or signs

Continue isolation

Two negative SARS-CoV-2 RNA RT-PCRs 72 hours apart and 48 hours of no fever or respiratory symptoms or signs

De-isolate

This graphic is adapted from the College's [Guidance on the de-isolation and discharge of COVID-19 patients](#), which is based on documentation produced by East Kent Hospitals University Foundation Trust. It follows PHE guidance: [Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#) and [Chapter 6: Contraindications and special considerations of the Green Book](#).