



CHECK FOR COVID-19 UPDATES ON HOME ISOLATION AND WORK NOTES

As the coronavirus pandemic continues, physicians may face questions from recovering COVID-19 patients about when they can leave isolation and return to daily activities.

As of April 15, the Centers for Disease Control and Prevention (CDC) guidance on this topic (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>) includes two options: one with testing and one without.

- **For patients with access to testing.** the CDC recommends they remain in isolation until they have an improvement of respiratory symptoms (cough and shortness of breath), no fever (without fever-reducing medications), and two negative test results from consecutive nasopharyngeal swabs taken at least 24 hours apart. (This is contingent, of course, on the availability of testing in your area.) Patients who tested positive for COVID-19 but never showed symptoms should wait until it's been seven days since their positive test result.

- **For patients without access to testing.** the CDC recommends they stay in isolation until it's been at least seven days since their symptoms appeared, and at least 72 hours since their fever resolved (without fever-reducing medications) and respiratory symptoms began to improve.

Some patients may request notes for their employer, either

confirming they tested positive for COVID-19 or confirming they have been cleared to return to work. The CDC's guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>), as of April 15, is that employers should not require such documentation because health care providers may be extremely busy during this national public health emergency. A script containing this guidance that your staff can use to respond to patient calls and emails may be useful to lighten the workload.

CDC guidance on this and other topics continues to evolve, so it's a good idea to spend some time each day on the CDC website, as well as state and local health department websites checking for COVID-19 updates, or assign someone else in your practice to do so.

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ASK PATIENTS TO SUBMIT VITALS BEFORE TELEHEALTH

Having patients provide some reasonable data like weight, blood sugar review, and home blood pressure reading can help optimize telehealth visits at a time when they're quickly expanding due to the COVID-19 pandemic. As our practice increased telehealth use, we found that many patients did not have data to share prior to the visit. Our staff subsequently implemented portal message reminders and advised patients at scheduling to have some data

available. Patients with conditions such as hypertension, obesity, and diabetes may be experienced at measuring glucose and blood pressure, but may require a gentle reminder to have those measurements ready for the appointment.

With the judicious use of lab testing at this time to ensure appropriate social distancing, such basic data points help ensure that chronic diseases remain stable as we navigate uncharted waters.

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ADAPT YOUR DOCUMENTATION SETUP FOR TELEHEALTH

Documentation can be challenging when you're also using your computer for telehealth visits. One solution is to use a laptop or tablet as a second screen off to the side. The main screen is where the telehealth camera is and where your electronic health record (EHR) should be located. The second screen is where you can see your patient in real time.

With the camera and the EHR on the same screen, you will be able to look at the EHR while doing documentation and then move your eyes just a little when you want to look at the camera and talk to the patient. When you need to look at the second screen, for example to see patients pointing to their problem, explain what you're doing, because it may seem to the patients that you're glancing away from them. If you don't have a second screen, you can split your computer screen into two windows. It may take some adjustments to get each of them to the size you prefer.

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