Rapid Design and Implementation of Post-COVID-19 Clinics

Lekshmi Santhosh, MD, MAEd; Brian Block, MD; Soo Yeon Kim, MD; Sarath Raju, MD, MPH; Rupal J. Shah, MD; Neeta Thakur, MD, MPH; Emily Pfeil Brigham, MD, MHS; and Ann Marie Parker, MD, PhD

e-Appendix 1: Sample Electronic Health Record Template for a Post-COVID Clinic[i]

<u>**OPTIMAL CLINIC NOTE**</u>

Chief Complaint: Follow-up for pulmonary symptoms after COVID-19

History of present illness:
@AGE@ @SEX@ presenting for evaluation in the OPTIMAL clinic, referred by ***.

Presenting Symptoms:
Initial presenting symptoms for COVID-19 included ***, which began on ***. They were tested for COVID-19 on ***. They {DID/DID NOT:23705} have known COVID positive contacts.

COVID-19 Course:

Their maximum oxygen requirement was ***. [Drop-down menu for NC, HFNC, Intubation]

Therapies for COVID included: ***. They {WERE / WERE NOT:19253} enrolled in a randomized clinical trial.

COVID-19 was thought to have the following end-organ manifestations. ***

The date of discharge was ***. At discharge they were experiencing the following COVID related symptoms ***. The oxygen requirement at discharge was *** They were prescribed *** respiratory medications related to COVID-19.

Current Pulmonary Symptoms:

Today they are experiencing the following COVID related symptoms *** They {have/have not:27031} required readmission for COVID-19 related issues.

***

At this time they {ARE/ARE NOT:23033} self-isolating. Since initial diagnosis {have/have not:27031} had negative COVID-testing. They {Actions; do/do not:19616} report sick family members / household contacts.

Dyspnea (mMRC): {mMRC dyspnea scale:39338}

Breathlessness cough and sputum Scale (BCSS):
Difficulty breathing today? {pactbreathless:39344}
Cough today? {pactcough:39345}
Sputum today? {pactsputum:39346}

Current Mental Health Symptoms:
Depression Symptoms: ***

PHQ-9 Total Score: ***

Anxiety Symptoms: ***

GAD7 Score: ***

PTSD Symptoms: ***

Physical Function:
***

AMPAC Score: ***

Cognitive Symptoms:
***

Mini-Cog Score ***

Social History:

Smoking History:
Traditional Cigarettes: ***
E-Cigarettes / Vaping: ***

Exposures (home/work/travel):

Employment Status Prior to Hospitalization: ***

Current Employment Status: ***

Occupation (if employed):

Immunizations:
.IMM DOTPHRASE

Review of systems:
ROS otherwise as per HPI and other 12 point ROS is negative.

@PMH@

@FAMHX@

@SOC@

@ALLERGY@

@MEDSCURRENT@

Exam:
Previous weights: @LASTWTNOHEADER(3)@
Link to Physical Exam SmartBlock

Nadir Ambulatory O2 Saturation if Available: ***
Data:
I have personally reviewed and interpreted the following:

PFTs that I have personally reviewed and interpreted showing ***
PFTs:
Date ***:

Parameter	Absolute Value	% Predicted
FEV1	*** L	***%
FVC	*** L	***%
FEV1/FVC	***	
TLC	*** L	***%
DLCO	***	***%

Imaging that I have personally reviewed and interpreted showing ***
Imaging: ***

Echo that I have personally reviewed and interpreted showing ***
Echo:***

EKG that I have personally reviewed and interpreted showing QTc ***

Labs that I have personally reviewed and interpreted showing *** [e.g. COVID-19 tests, Flu A/B/RSVP, CRP, BNP, PCT, etc.]
Labs:

[Delete COVID-19 tests, flu A/B/RSV, CRP, BNP, IL-6, PROCAL ***]

Most Recent Laboratory Data:
@RESUFAST(WBC,RBC,HGB,HCT,MCV,MCHC,MCH,RDW,PLT,NRBC,NRBCX)@
@RESUFAST(NA,K,CL,GLU,BUN,CREATININE,CO2,CALCIUM,PROT,ALBUMIN,BILITOT,ALKPHOS,AST,ALT:1)@
@RESUFAST(CKTOTAL,CKMB,CKMBINDEX,TROPONINI,TROPONINT)@
@RESUFAST(DDIMER)@

Assessment and Plan:
@AGE@ @SEX@ presenting after recent admission with COVID-19. ***

#***
-

#***
-

#Post-COVID Pulmonary Health
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Post-COVID Mental Health

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Post-COVID Physical Function

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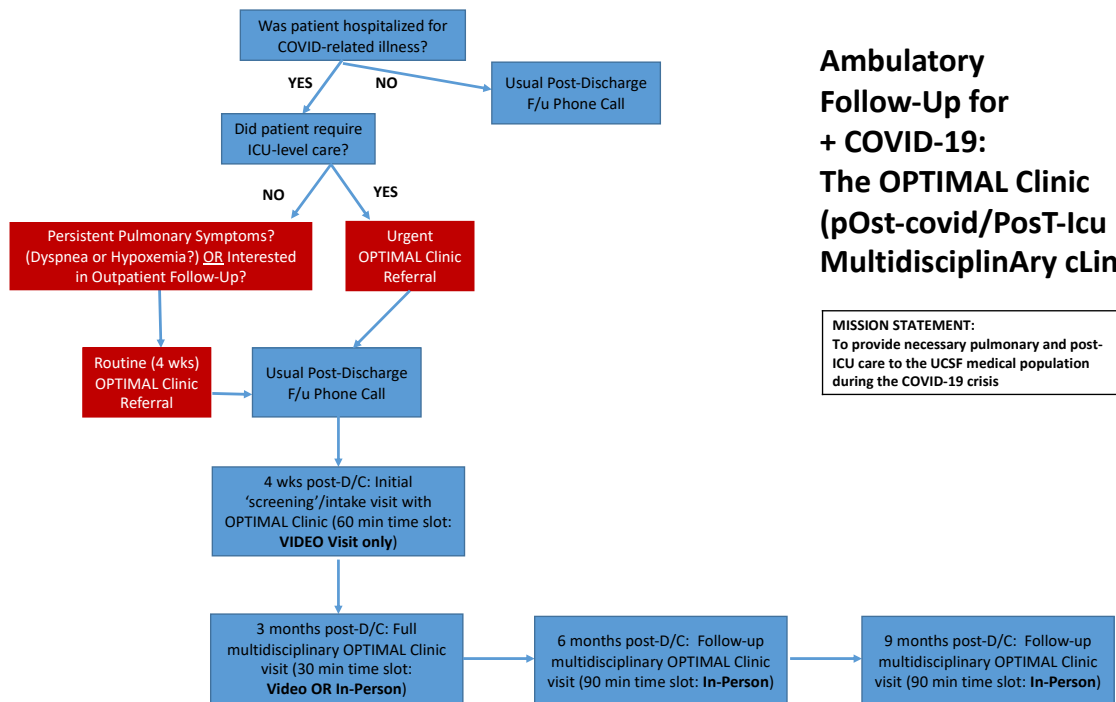# Post-COVID Cognitive Function

Disposition from COVID Clinic:

@FOLLOWUP@

Orders placed at this visit:
@ORDERSENC@

@Provider Signature Block/Name/Date@

e-APPENDIX 2: Sample Clinic Referral Pathway

Ambulatory Follow-Up for + COVID-19: The OPTIMAL Clinic (pOst-covid/PosT-Icu MultidisciplinAry cLinic)

MISSION STATEMENT:
To provide necessary pulmonary and post-ICU care to the UCSF medical population during the COVID-19 crisis

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