

# UNIFIED COVID-19 ALGORITHMS

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Philippine College of Emergency Medicine

Philippine Society of Hospice and Palliative Medicine

Philippine College of Occupational Medicine

Kalusugan ng Mag-Ina

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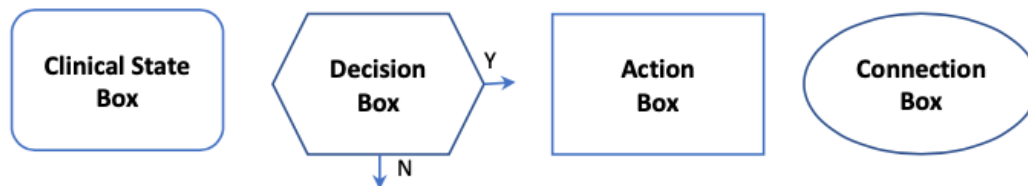
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# INTRODUCTION TO ALGORITHM INTERPRETATION

The clinical algorithm (flow chart) is a text format that is specially suited for representing a sequence of clinical decisions which are intended to improve and standardize decisions in delivery of medical care. For the purpose of clarity, a typical clinical algorithm is depicted with basic symbols that represent clinical steps in decision-making:



1. The rectangle with rounded edges depicts the current clinical state of an individual patient;
2. The hexagon is a decision box which contains a question answerable by yes or no; one arrow going to the right signifies “yes”, and one arrow going downwards signifies “no”;
3. The rectangle with sharp edges depicts the action to be done; and
4. The oval depicts connection to another algorithm in a different page.

Note that the following algorithms are adapted from multiple guidelines as released by the World Health Organization, Department of Health, and other societies. This document was also reviewed by different experts with the end-goal of having a summarized and comprehensive compilation of guidelines that will aid in management of COVID-19 patients by healthcare workers from both the community and hospital levels.

Lastly, while these patient-centered algorithms intend to summarize and simplify recommendations, these may be subject to change as evidence emerges and guidelines are updated. Any recommendations on patient care are not absolute. Final decisions remain under the discretion of the healthcare provider.

# BACKGROUND

The Unified COVID-19 Algorithms is an ongoing collaboration between volunteer facilitators, technical specialists and algorithm constructors, contributors and reviewers from different medical organizations, as well as students from the UP College of Medicine and Ateneo School of Medicine and Public Health. This release reflects evidence and policy updates, as well as medical community consensus since the call of the Health Professionals' Alliance Against COVID-19 to re-strategize the country's response against COVID-19.

Each algorithm was reviewed by subject matter experts, stakeholders, as well as end-users. With the Philippine context in perspective, the algorithms provide clear guidelines for COVID-19 management from both the community and hospital levels. Algorithms also reinforce recommendations of the Department of Health with emphasis on evidence-based decision making, as well as patient-centeredness.

Work on the first version of the Unified Algorithms was started as early as March 2020 with a small team of three volunteer facilitators, four algorithm constructors, and five core medical societies convened by the Asia-Pacific Center for Evidence-Based Healthcare and hosted by the Philippine Society for Microbiology and Infectious Diseases. With support from PSMID, this expansion was carried out by the HPAAC Steering Committee through its network of volunteers. These algorithms are subject to change as evidence emerges and guidelines are updated. Recommendations on patient care are not absolute. Final decisions remain under the discretion of the healthcare provider.

As the unified algorithms are utilized, end-users are enjoined to provide feedback as to their experience with use of the algorithms in the field through: [secretariat@psmid.org](mailto:secretariat@psmid.org) and [hpaac.org.ph/contact](http://hpaac.org.ph/contact) or [secretariat@hpaac.org.ph](mailto:secretariat@hpaac.org.ph).

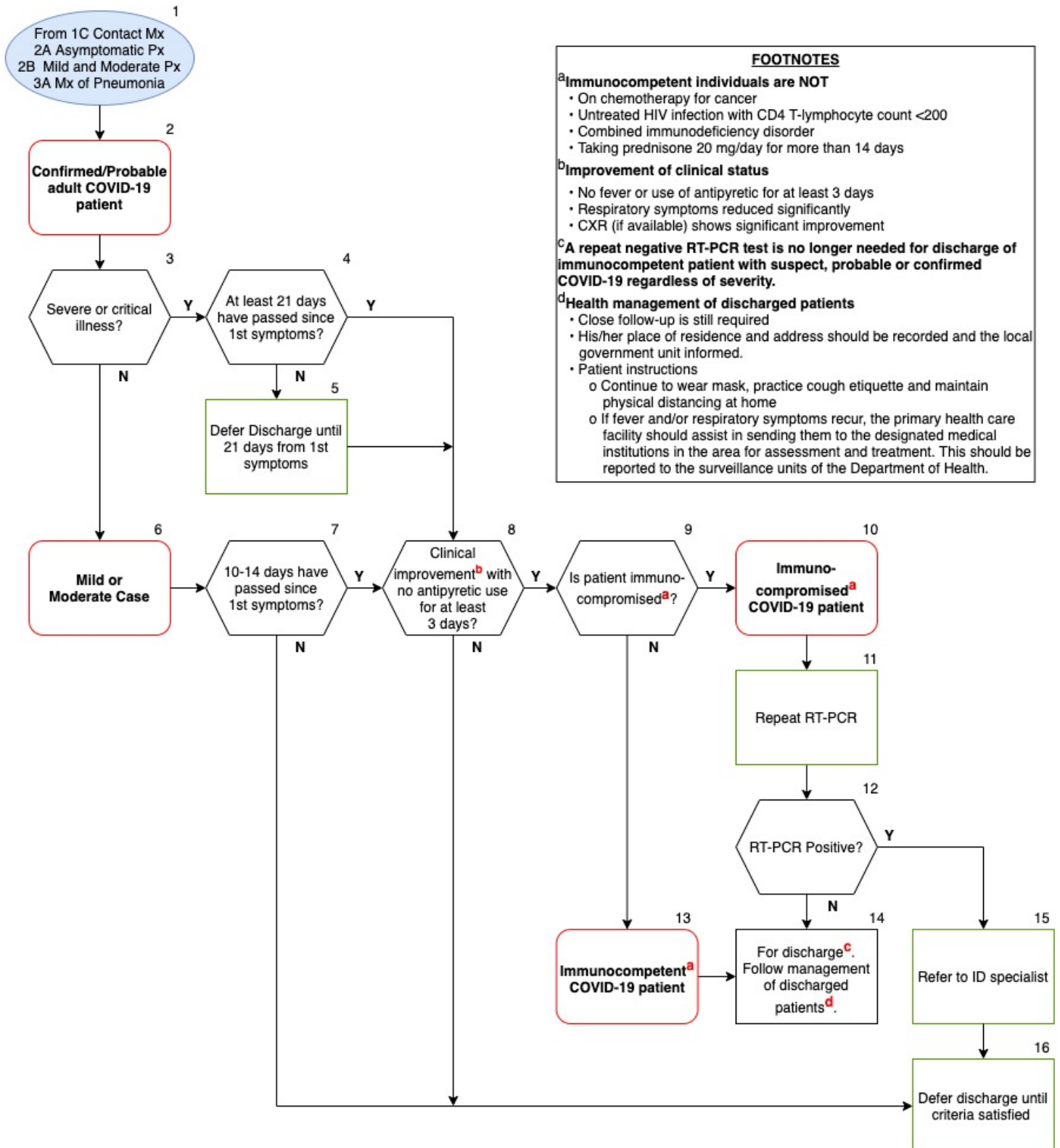
**UNIFIED COVID-19 ALGORITHMS**

**SECTION 5:  
PATIENT REINTEGRATION**



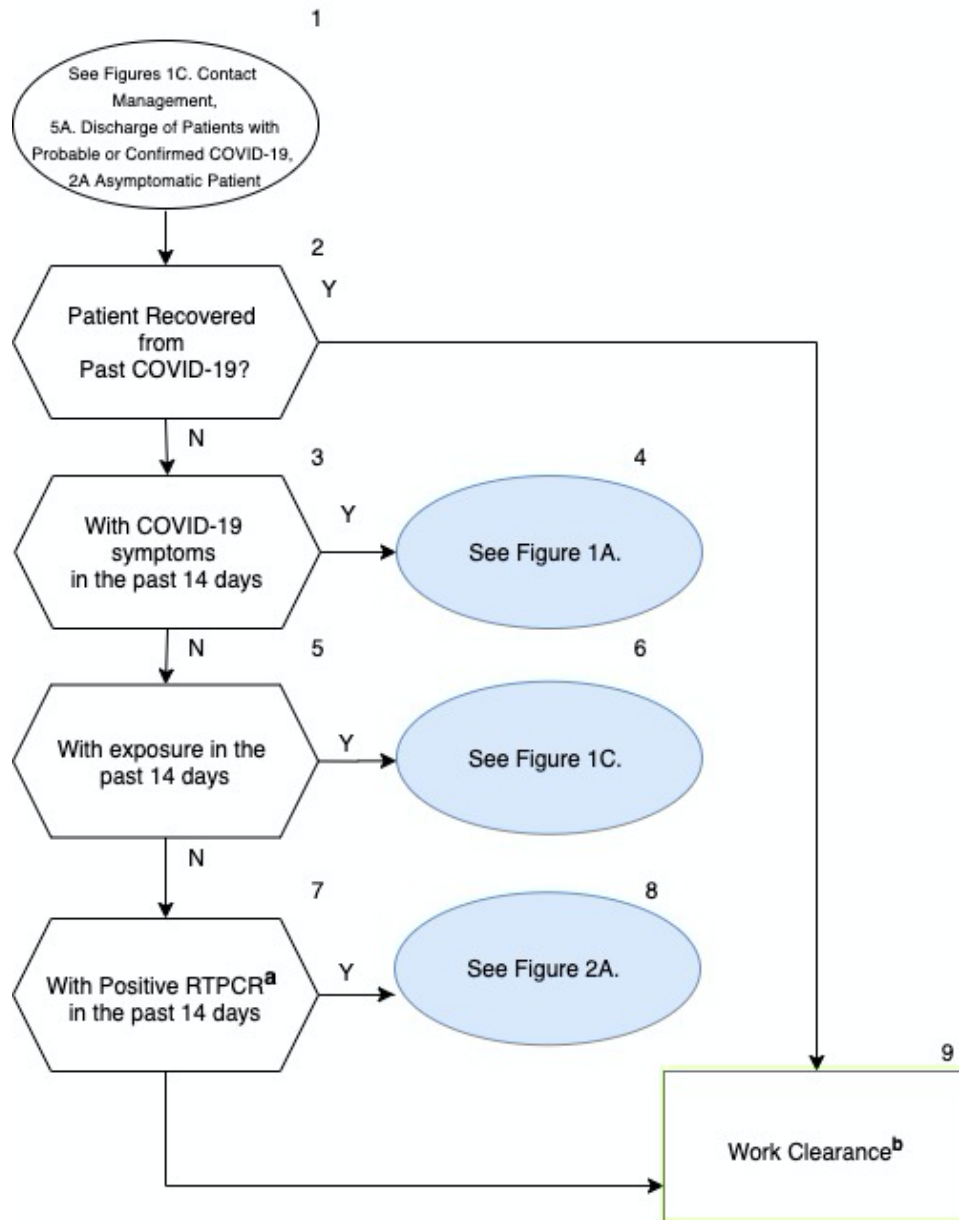
# FIGURE 5A. DISCHARGE OF PATIENTS WITH PROBABLE OR CONFIRMED COVID-19, CRITERIA FOR DISCONTINUATION OF TRANSMISSION PRECAUTIONS

NOVEMBER 7, 2020



# FIGURE 5B. CLEARING NON-HEALTH CARE WORKERS FOR RETURN TO WORK

NOVEMBER 7, 2020



### FOOTNOTES

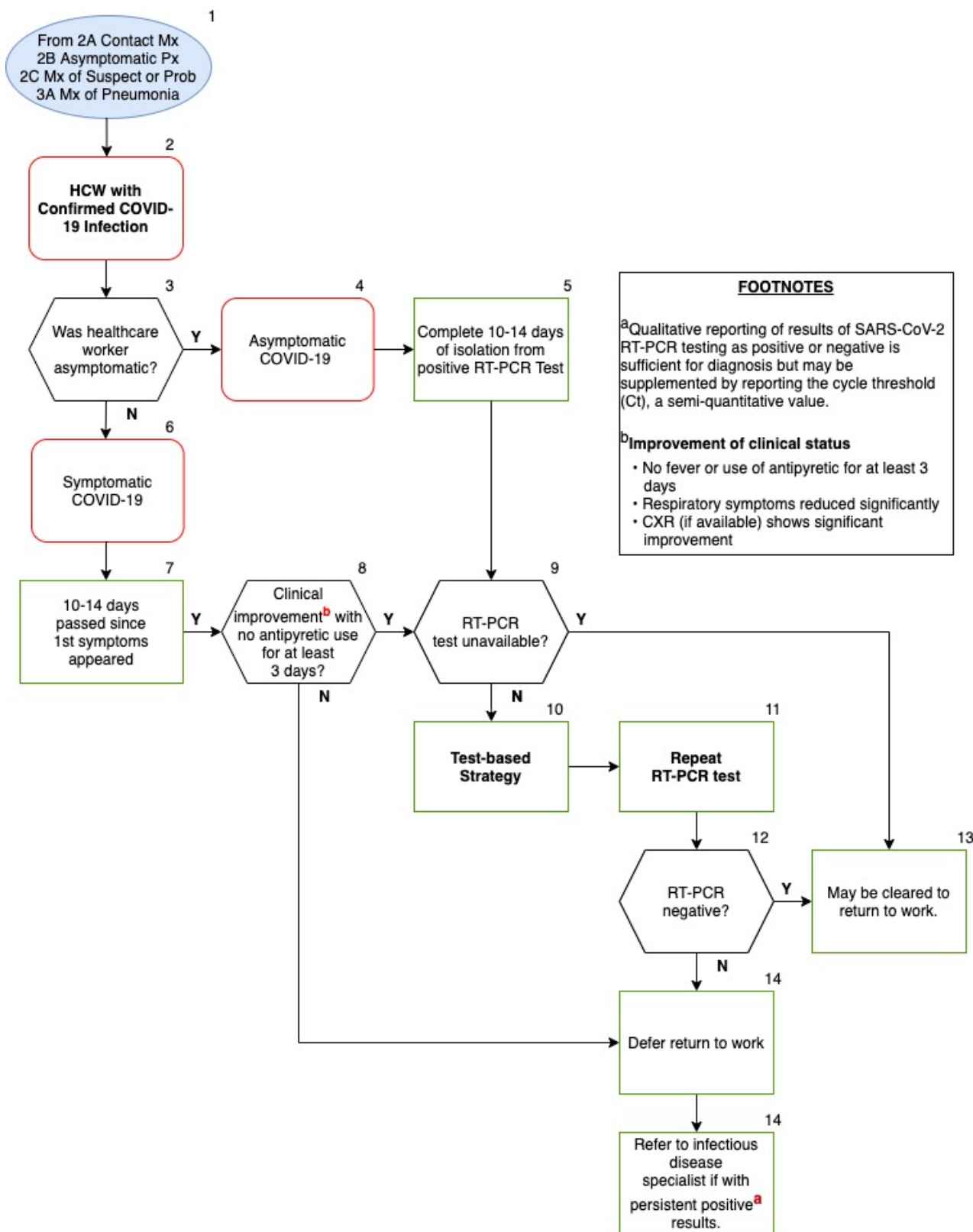
**<sup>a</sup>RT-PCR tests are NOT recommended for work clearance**  
 Rapid antibody tests are not recommended for work clearance.  
 Rapid antigen tests are currently not recommended for work clearance.

**<sup>b</sup>Refer to workplace guidelines**

1. DOLE-DTI Joint Memorandum Circular 20-04-A (August 15, 2020)
2. DOH Workplace Handbook as of September 30, 2020

# FIGURE 5C. RECOMMENDATIONS FOR ASYMPTOMATIC AND SYMPTOMATIC HEALTH CARE WORKERS WITH CONFIRMED COVID-19 RETURNING TO WORK

NOVEMBER 7, 2020



**FOOTNOTES**

<sup>a</sup>Qualitative reporting of results of SARS-CoV-2 RT-PCR testing as positive or negative is sufficient for diagnosis but may be supplemented by reporting the cycle threshold (Ct), a semi-quantitative value.

<sup>b</sup>Improvement of clinical status

- No fever or use of antipyretic for at least 3 days
- Respiratory symptoms reduced significantly
- CXR (if available) shows significant improvement

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