

COVID-19 recovery at home possible for most patients

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The entrance to Cedars-Sinai's Ruth and Harry Roman Emergency Department. Credit: Cedars-Sinai

A new study shows that the vast majority of patients who visited the Ruth and Harry Roman Emergency Department at Cedars-Sinai with suspected COVID-19 (novel coronavirus) symptoms, and who were treated and sent home to recuperate, recovered within a week.

The study, published by the *Journal of the American College of Emergency Physicians Open*, showed that none of those patients died from the virus and fewer than 1% required intensive care.

"When the pandemic began there was minimal evidence to guide us as to who should be hospitalized and who could be sent home," said Sam Torbati, MD, co-chair and medical director of the Ruth and Harry Roman Emergency Department at Cedars-Sinai. "In real time, we began developing our criteria for who needed hospitalization for monitoring, intensive care, and who could recover at home. And this study shows our patients received the appropriate level of care."

In the [retrospective study](#), researchers looked at

the outcomes of 452 patients who sought care at the Emergency Department for COVID-19 symptoms between March 12 and April 6, 2020.

The study showed that the patients, with a median age of 38, had experienced flu-like symptoms two to three days before they went to the Emergency Department. After being given a comprehensive care plan and then discharged home, it took an average of between five and seven days for patients to recover at home.

"What we learned from the study is that outpatient management is safe for most COVID-19 patients who have normal vital signs and no comorbidities," said first author >Carl Berdahl, MD. "However, patients should be instructed to return to the Emergency Department for worsening symptoms, including labored breathing."

The study, which showed that no patients died, also found:

- Sixty-one percent of the patients in the sample had no comorbidities.
- Thirteen percent of patients who were sent home came back to the Emergency Department for additional care.
- The inpatient admission rate at 30 days was 4%, with fewer than 1% of patients requiring [intensive care](#).

"The takeaway for the public is that emergency clinicians can safely and readily identify patients with COVID-19 who are safe for outpatient monitoring," said Torbati. "Those who meet criteria for discharge are at very low risk of getting worse and requiring hospitalization."

More information: Carl T. Berdahl et al, The safety of home discharge for low-risk emergency department patients presenting with coronavirus-like symptoms during the COVID-19 pandemic: A retrospective cohort study, *Journal of*

the American College of Emergency Physicians
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