HOSPITAL ADMISSIONS AFTER DISCHARGED FROM EMERGENCIES DEPARTMENT TO HOME WITH COVID-19

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BACKGROUND

During the months of March and April, over 700 patients were discharged from the Emergency Department (ED) in a third-level hospital to home with treatment for COVID-19. Their characteristics and final outcome remain unknown.

OBJECTIVES

To analyze characteristics and clinical course of COVID-19 patients that were discharged from ED with home treatment, having to be hospitalized afterwards due to clinical deterioration.

To know about the most prescribed drugs for COVID-19.

RESULTS

- **741 patients** were discharged from ED with home treatment for COVID-19 → **68 (9.2%)** needed to be hospitalized
  - Median age: **55.5 years** (IR 22-88, 66.1% men)

Comorbidities (64.7%):
- 9% asthma
- 16% dyslipidaemia
- 44% hypertension

Previous COVID-19 treatment:
- 22% lopinavir/ritonavir
- 75% azithromycin
- 100% hydroxychloroquine

Main consultation reasons:
- 81% dyspnoea
- 62% fever
- 43% coughing
- 10% anosmia/dysgeusia

Main reason for admission: clinical and radiological worsening (85.3%)
- Median of days until patients went back to ED: 4 days
- Median inpatient stay: 7 days and 67.7% were hospitalized for <10 days.
- 8.8% needed critical care, and stayed in ICU for a median of 10.5 days

COVID-19 treatment during hospitalization:
- 3% anakinra
- 4% remdesivir
- 15% tocilizumab
- 50% azithromycin
- 59% ceftriaxone
- 63% corticosteroids
- 87% hydroxychloroquine
- 87% lopinavir/ritonavir

- One patient died and the rest were discharged to home.

CONCLUSION AND RELEVANCE

- Patients who needed hospitalization due to clinical worsening after being discharged from ED were mostly middle-age men with hypertension.
- About 80% were admitted for presenting dyspnea and rapid radiological progression. Less than 10% needed intensive care, and only one passed away. Most of them showed clinical improvement in less than 10 days and were discharged home.
- Drugs mostly prescribed for COVID-19 were hydroxychloroquine, azithromycin and lopinavir/ritonavir.