1. The patient with fever without respiratory failure (normal EGA and walking test) and normal chest x-ray, <70 years and without risk factors (lung disease, diabetes mellitus and / or heart disease) can be discharged from the emergency room (14, 20) with indication of home isolation, waiting to run the swab sampling or its result.

THE DISCHARGE PHYSICIAN:
• obtains a telephone number to contact the patient for swab sampling and / or to communicate the result;
• provides information on how to access the pad (where and when).

If the swab test does not take place in the emergency department, but is performed elsewhere to another area or hospital, it is strictly suggested to use systems to avoid the loss of information.

THE FACILITY / SERVICE RUNNING THE BUFFER
• must report the result as soon as it is available to the patient and, if positive, to the Public Health Department for establishing active surveillance.

At the end of the hospitalisation, write clearly on the discharge letter:

CLINICALLY CURED PATIENT
(patient with clinical symptoms resolution, but still positive for swab) (38)

or

CURED PATIENT (patient who, in addition to resolving the symptoms, is negative in two consecutive swabs, carried out at least 24 hours apart) (38)

or

CLINICALLY CURED PATIENT
Write clearly on the discharge letter the indication to be observed at the home quarantine until the swab is negative on two determinations after 24 hours and the execution methods of the control buffer.

Although there is no clear supported evidence, it is considered appropriate to suggest patient retesting no earlier than 7 days and, if negative, confirm the negativity after at least 24 hours (38)

or

DISABLED PATIENT, roommate of patient with positive swab or whose result is not yet known:
• write clearly the indication of home isolation on the discharge letter (up to 14 days from contact with the infected person) and indication to call the appropriate number (in Italy 112) if symptoms appear;
• assure a telephone number to communicate buffer result;
• communicate swab results as soon as available to the patient and, if positive, to public health trusts, in order to establish active surveillance (38).