



**Template: COVID-19 Accelerated Release Letter** [fill-in / check box where indicated]

The following letter documents the medical rationale for recommending this patient's immediate release in response to the risks posed by the ongoing COVID-19 pandemic. A copy has been forwarded to the appropriate authority and is included in the patient's medical record.

**Based on current knowledge, AGE is the greatest risk factor for ICU need and mortality from COVID-19.**

[Patient name] is a [age]-year-old who falls into the following high-risk category [choose one]:

- Age 60 – 69
- Age 70-79
- Age 80 years or older\*\*

*\*\*As currently understood, age 80 years or older confers the greatest risk of ICU need or death among all known risk factors. Being age 60 - 79 also substantially increases risks (risk increasing as age increases). Risks may also be elevated for those age 50-59.*

**Based on current knowledge, the following comorbid conditions substantially increase risks for ICU need and mortality.** This patient has the following high-risk comorbid conditions:

- Cardiovascular disease
- Chronic lung disease (including COPD and asthma)
- Diabetes
- Hypertension
- Obesity
- Liver disease
- Immunosuppression
- Other major medical conditions that likely increase risk of serious illness, hospitalization, and/or mortality in the event of COVID-19 infection: [list other major medical conditions such as chronic kidney disease, cancer, etc.]

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This patient is also male, which confers additional risk for severe illness due to COVID-19. [include if appropriate]

This patient has / has not [circle one] been hospitalized in the past year for:

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**Due to his/her poor health, this patient requires the following:**

- wheelchair
  - walker
  - supplemental oxygen
  - assistance with basic functions, such as bathing, dressing, feeding, transferring, and/or toileting
  - other: *list any other special needs the patient may have*
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**In his/her current health status, this patient requires significant medical resources, including:**

- medical appointments weekly / monthly / every 2 months *[circle one]*
- frequent adjustment of medications and/or laboratory evaluation (e.g. at least once a month)
- frequent specialty care (e.g. at least every two months)

**Given the above health factors, this patient poses a high risk of of critical care need and mortality if s/he contracts COVID-19.** Our facility has \_\_\_\_\_ *[enter brief description of number of medical beds at your facility, if any]*. If s/he were living in the community, this patient would be able to shelter-in-place and practice appropriate physical distancing, which would significantly decrease his/her risk of contracting COVID-19. Such physical distancing is not feasible in our institution, *particularly given that our facility has dormitory style housing units [include if appropriate]*.

Of note, the nearest community hospital has \_\_\_\_\_ *[fill in number if known; can also write "<5" or "<10" if only an approximate number is known]* ICU beds and cases of COVID-19 have been identified in our surrounding communities *[include if appropriate]*.

*[If patient has changed his/her behavior in any way out of fear of COVID-19, enter a narrative description here.]*

Managing this patient's health requires significant medical resources from correctional and community healthcare staff. Upon this patient's release from custody, these critical resources could be reallocated to care for the expected surge in patients affected by COVID-19.

**For these reasons, the healthcare team strongly recommends this patient's immediate release, pending an appropriate housing and medical discharge plan.**