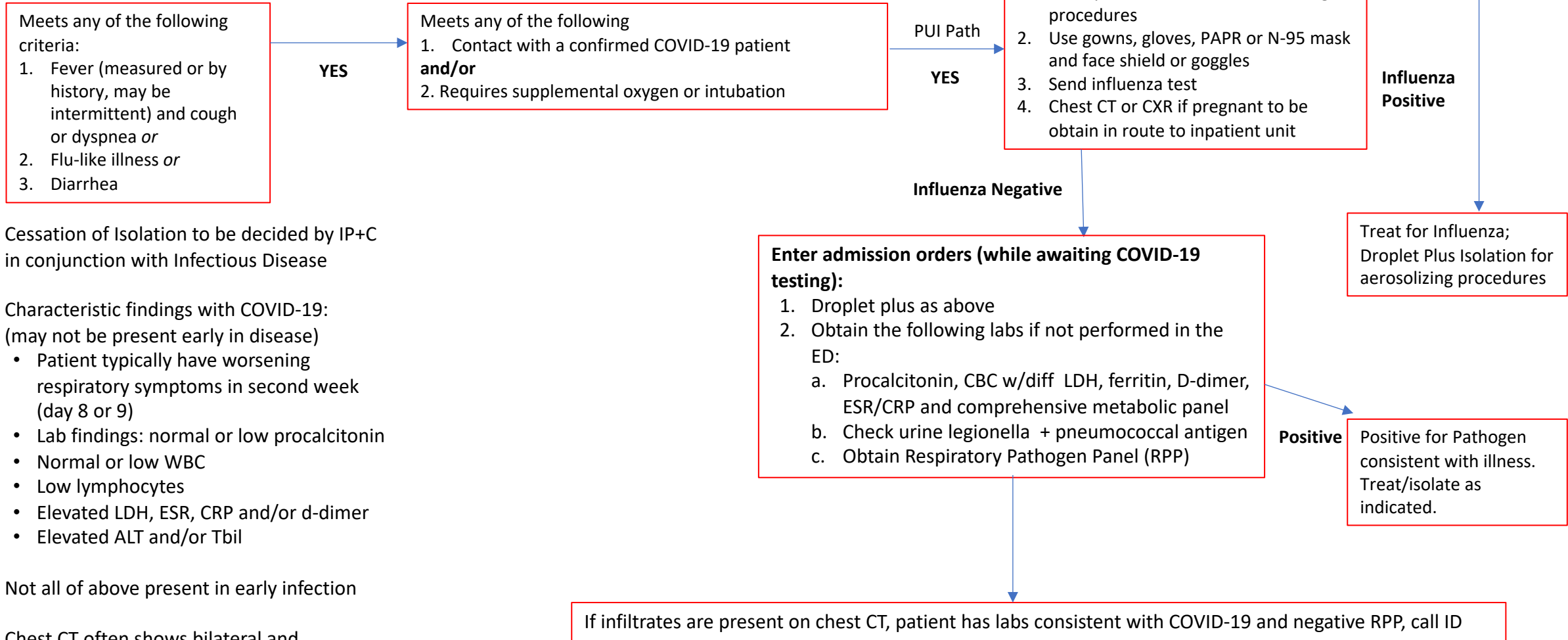


UTMC Emergency Dept. Guidance for Patients Who Require Admission with Respiratory Illness Suspected COVID-19 4/1/2020

Patient should only be admitted if they meet usual clinical criteria for admission. Do not admit suspected COVID-19 with mild symptoms not requiring hospital care.



Cessation of Isolation to be decided by IP+C in conjunction with Infectious Disease

Characteristic findings with COVID-19: (may not be present early in disease)

- Patient typically have worsening respiratory symptoms in second week (day 8 or 9)
- Lab findings: normal or low procalcitonin
- Normal or low WBC
- Low lymphocytes
- Elevated LDH, ESR, CRP and/or d-dimer
- Elevated ALT and/or Tbil

Not all of above present in early infection

Chest CT often shows bilateral and peripheral ground-glass and consolidative pulmonary opacities; infiltrates more likely later in disease (day 6 or later)

Positive COVID result = ID consult. Consult to be entered by house supervisor

This guidance is based on current information.

- Always use clinical Judgment.
- If strong clinical suspicion of COVID-19, avoid aerosolizing procedures. Consider early mechanical ventilation.
- Use conservative fluid management because patients develop ARDS, and excess fluids worsen outcome. See <https://jamanetwork.com/journals/jama/fullarticle/2762996>
- Due to limited testing resources, testing will be prioritized for the following groups:
 - Tier 1:
 - Critically ill patients receiving ICU level care with unexplained viral pneumonia or respiratory failure, regardless of travel history or close contact with suspected or confirmed COVID-19 patients;
 - Any person, including health care workers, with fever or signs/symptoms of a lower respiratory tract illness **and** close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset;
 - Any person, including health care workers, with fever or signs/symptoms of a lower respiratory tract illness **and** a history of travel within 14 days of symptom onset to geographic regions where sustained community transmission has been identified.
 - Tier 2:
 - Hospitalized (non-ICU) patients and long-term care residents with unexplained fever **and** signs/symptoms of a lower respiratory tract illness. The number of confirmed COVID-19 cases in the community should be considered. As testing becomes more widely available, routine testing of hospitalized patients may be important for infection prevention and management at discharge.
 - Tier 3:
 - Patients in outpatient settings who meet the criteria for influenza testing. This includes individuals with co-morbid conditions including diabetes, COPD, congestive heart failure, age >50, immunocompromised hosts among others. Given limited available data, testing of pregnant women and symptomatic children with similar risk factors for complications is encouraged. The number of confirmed COVID-19 cases in the community should be considered.
 - Tier 4:
 - Community surveillance as directed by public health and/or infectious diseases authorities.