

UTMC Guidance for COVID-19 Path for Testing of Patients

3/8/2022

High Clinical Suspicion for COVID-19 - Symptomatic

Asymptomatic Admissions (including SBH and Detox)

Surgery, Invasive Procedure

Symptomatic patient:

- Fever ($\geq 100.0^{\circ}\text{F}$) and/or respiratory symptoms (cough and runny nose or nasal congestion; cough and sore throat)
- OR**
- Fever ($\geq 100.0^{\circ}\text{F}$) \pm GI symptoms (diarrhea)
- Moderate-severe respiratory illness (e.g., pneumonia, ARDS)

Begin PUI Path

Asymptomatic patient:

- Hospitalized
- Residents or staff from long-term care or congregate living facilities that have not been tested in the preceding 7 days
- Receiving essential or emergent surgeries or procedures that require an overnight stay in the hospital

Specimen collection

Asymptomatic patient:

- Receiving an elective essential or emergent surgical or invasive procedure
- Testing for COVID-19 to be no longer than 72 hours prior to procedure
- Do not test if COVID-19 DETECTED on test in preceding 90 days
- Do not test if COVID-19 NOT DETECTED on test during current admission in preceding 7 days
- Delay elective surgery for 7 weeks post symptom onset for a COVID-19 DETECTED pt.

Specimen collection

1. Place patient in AIIR for aerosolizing procedures, if available
2. Use gowns, gloves, CAPR or N-95 mask and face shield or goggles
3. Perform COVID-19 **Rapid COVID-19 nasal swab** (PCR) while in the ED
 - a. Do not send if COVID-19 DETECTED on test in previous 90 days
4. Send influenza test
5. If in ED and needs admitted call for admit
6. **If inpatient and becomes symptomatic - perform Rapid COVID-19 nasal swab**
7. If positive, transfer to a COVID-19 room
8. Obtain baseline EKG

1. **Send COVID-19 nasal swab (antigen) while in the ED (or designated room)**
 - a. Place in room with door closed
 - b. Wear PPE: N-95 mask, eye protection, gloves
2. Place in NON COVID-19 room
3. Standard Precautions (mask, eye protection)

1. **Send COVID-19 nasal swab***
 - a. Place in room with door closed
 - b. Wear PPE: CAPR or N-95 mask, eye protection, gloves

COVID-19 Detected

COVID-19 NOT Detected*

Send **Rapid COVID-19 nasal swab** (PCR) for confirmation

COVID-19 Detected

COVID-19 NOT Detected*

Begin PUI Pathway

1. Continue Standard Precautions and continue medical management **AND**
2. Plan for care and discharge

1. Nursing Supervisor to place consult order for ID physician
2. Transfer patient to designated COVID-19 room

COVID-19 Detected

COVID-19 NOT Detected

1. Notify Surgeon of results of COVID-19 detected
2. Advise surgeon patient notification is required
3. Surgeon and Anesthesia to review need to continue with or cancel surgery and notify patient
4. Follow Surgery, Invasive Procedure algorithm

1. Proceed with surgery or procedure as scheduled
2. Follow established Surgical or Procedural Protocol for enhanced Standard Precautions

1. Chest CT (or CXR if pregnant) en route to inpatient COVID -19 unit
2. Order Droplet Plus Isolation: gowns, gloves, CAPR or N-95 mask and face shield or goggles
3. Place AIIR for aerosolizing procedures, if available

1. **Enter and obtain the below orders if not already done:**
 - a. Procalcitonin
 - b. CBC w/diff
 - c. LDH
 - d. Ferritin
 - e. D-dimer, PT/INR
 - f. Magnesium
 - g. ESR/CRP
 - h. CMP
 - i. Blood Culture x2
 - j. Troponin
 - k. BNP
2. Evaluate QT interval

Continue with **UTMC Guidance for Hospitalized PUI** on next page

*If inpatient become symptomatic - fever ($\geq 100.0^{\circ}\text{F}$) and/or respiratory symptoms (cough and runny nose or nasal congestion; cough and sore throat) during hospitalization begin: **UTMC Guidance for Hospitalized Patients Under Investigation (PUI)** on next page

*Kidney transplant and Emergent Surgical Case (including trauma): Obtain nasal swab for Rapid PCR test

UTMC Guidance for Hospitalized Patients Under Investigation (PUI) Suspected for COVID 19 - 3/8/2022

Clinical Features	Risk Factors	COVID Testing
Symptomatic *Fever and/or respiratory symptoms (cough and runny nose or nasal congestion; cough and sore throat) OR *Fever ± GI symptoms (diarrhea)	• Patient meeting criteria in Table 1 for High Clinical Suspicion.	Yes ²
Symptomatic Moderate-severe respiratory illness (e.g., pneumonia, ARDS)	• Patient requiring hospitalization	Yes ²

*Subjective fevers of ≥100.0°F temp.

²Specimen collection: Specimens should not be collected in the outpatient clinics. Please refer patient to designated testing area for specimen collection.

TABLE 1. HIGH CLINICAL SUSPICION FOR COVID-19

- Concerning history/clinical presentation:
 - Persistent fevers, and respiratory symptoms
- Abnormal labs:
 - Low lymphocytes (<0.8K/uL); CRP (>10); D-dimer (>1ug/mL FEU); Ferritin (>500ng/mL);
- Procalcitonin not elevated
- Imaging with stereotypical pattern:
 - CT: Multi-lobar bilateral ground glass opacities
 - CXR: Bilateral lung infiltrates
- Acute Respiratory Distress Syndrome (ARDS)
- Septic Shock without alternative source
- Multi-organ failure without alternative source

Begin PUI Path

- Chest CT (or CXR if pregnant) en route to inpatient COVID -19 unit (3CD)
- Order Droplet Plus Isolation: gowns, gloves, CAPR or N-95 mask and face shield or goggles
- Place AIIR for aerosolizing procedures (as available)
- Upon arrival to COVID-19 room obtain Easi Lead EKG
- Send COVID-19 nasal swab (antigen)**
 - If negative, send **COVID-19 nasal swab (PCR)** for confirmation
- Send influenza test**

Influenza Positive

Treat for Influenza; add Droplet Plus Isolation for aerosolizing procedures

- Enter and obtain the below orders if not already done:**
 - Procalcitonin
 - CBC w/diff
 - LDH
 - Ferritin
 - D-dimer, PT/INR
 - Magnesium
 - ESR/CRP
 - CMP
 - Blood Culture x2
 - Troponin
 - BNP
- Evaluate QT interval

COVID-19 NOT Detected

- Continue Droplet Plus Isolation **AND** continue medical management
 - Patient remains in current room
- Repeat these labs the following morning:
 - D. dimer; Ferritin; CRP; Procalcitonin (see TABLE 1)

Reassess pt. in 24 hours from change in condition if above labs are abnormal

High Clinical Suspicion – NO (See TABLE 1)

High Clinical Suspicion – YES (See TABLE 1)

COVID-19 Detected

Nursing Supervisor to assist with patient placement

- Continue Droplet Plus Isolation and continue medical management **AND**
- Consult ID physician
 - Obtain NP swab for Resp. viral panel with COVID-19*

COVID-19 NOT Detected

- Continue Droplet Isolation and continue medical management **AND**
- Plan for care and discharge

* Consider obtaining a BAL or sputum for COVID-19 testing if pt. continues with clinical symptoms of COVID-19 after 1st or 2nd NP or OP swab
 -Cessation of Isolation to be decided by IP+C in conjunction with Infectious Disease