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

Receiving an elective essential or emergent

Testing for COVID-19 to be no longer than 72

• Do not test if COVID-19 DETECTED on test in

• 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.

Symptomatic patient:

 Fever (≥100.0°F) and/or respiratory symptoms (cough and runny nose or nasal congestion; cough and sore throat) OR

Fever (≥100.0°F) ± GI symptoms (diarrhea)

• Moderate-severe respiratory illness (e.g., pneumonia, ARDS)

Begin PUI Path

- 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. 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

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

- 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,
- 2. Place in NON COVID-19 room
- 3. Standard Precautions (mask, eye protection)

COVID-19 Detected COVID-19 NOT Detected* Send Rapid COVID-19 nasal swab (PCR) for confirmation COVID-19 NOT COVID-19 Detected* Detected 1.Continue Standard Begin PUI Pathway Precautions and continue medical

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

Specimen collection

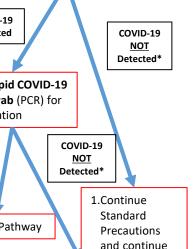
Asymptomatic patient:

surgical or invasive procedure

hours prior to procedure

preceding 90 days

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



1. Notify Surgeon of results of COVID-19 detected 2. Advise surgeon

COVID-19

Detected

- 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

COVID-19

NOT

Detected

2. Follow established Surgical or Procedural Protocol for enhanced Standard Precautions

*If inpatient become symptomatic - fever (≥100.0°F) and/or respiratory symptoms (cough and runny nose or nasal congestion; cough and sore throat) during hospitalization begin:

management

AND

and discharge

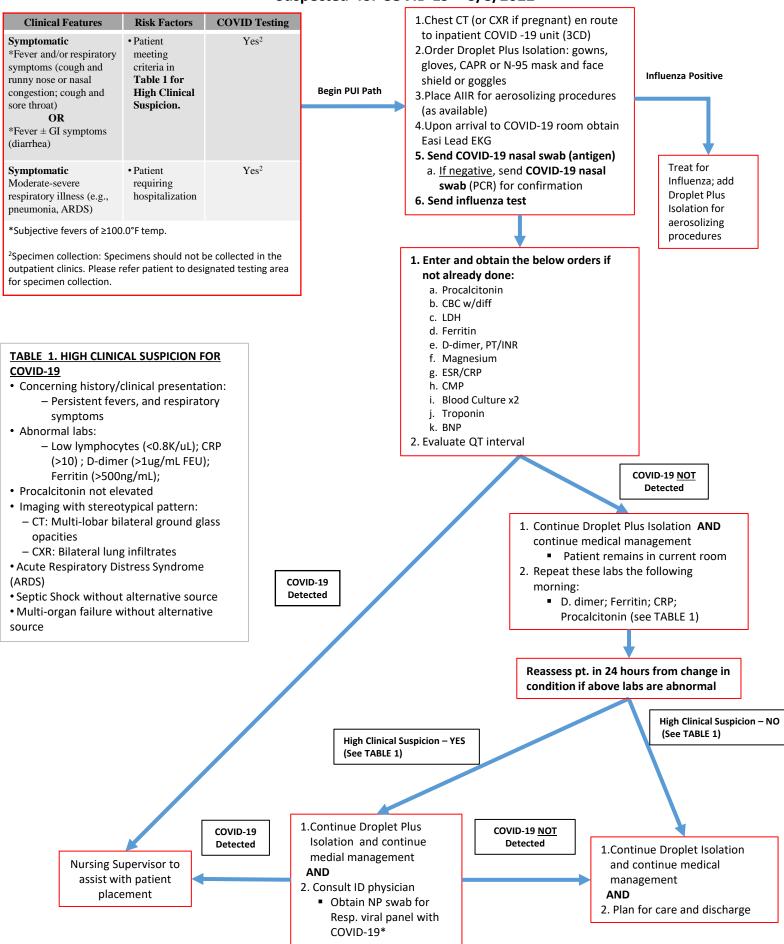
2. Plan for care

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



^{*} 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