Asymptomatic Admissions (including SBH, Detox) or Emergent Surgical Case (including trauma)

Asymptomatic patient:
• Hospitalized
  • Residents or staff from long-term care or congregate living facilities directly exposed during an outbreak that have not been tested in the last 7 days
  • Receiving essential or emergent surgeries or procedures that require an overnight stay in the hospital

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

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 unit
   3. Standard Precautions (mask, eye protection)

**COVID-19 Detected**
Send COVID-19 NP or OP swab (PCR) for confirmation

**COVID-19 NOT Detected**

1. Continue Standard Precautions AND
2. Do not repeat testing for hospital procedures or surgeries.

Asymptomatic patient:
• Receiving a surgical or invasive procedure that may or may not include an overnight stay in a hospital setting
• Testing for COVID-19 to be no greater than 96 hours prior to procedure

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

**Kidney transplant**: Obtain NP swab for Rapid PCR testing

UTMC Guidance for Hospitalized Patients Under Investigation (PUI) on next page

High Clinical Suspicion for COVID-19 - Symptomatic

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)

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

**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:
**UTMC Guidance for Hospitalized Patients Under Investigation (PUI)** on next page

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

**If negative, send Rapid COVID-19 NP or OP Swab (PCR only)**

**If in ED and needs admitted call for admit**

**If inpatient become symptomatic, transfer to 3111, 3109 for Stepdown, or 3223, 3225, 3227, 3229 for ICU**

**If negative, send Rapid COVID-19 nasal swab (antigen)**

**If in ED and needs admitted call for admit**

**If negative, send Rapid COVID-19 nasal swab (antigen)**

**If inpatient become symptomatic, transfer to 3111, 3109 for Stepdown, or 3223, 3225, 3227, 3229 for ICU**

**If inpatient become symptomatic, transfer to 3111, 3109 for Stepdown, or 3223, 3225, 3227, 3229 for ICU**
**UTMC Guidance for Hospitalized Patients Under Investigation (PUI) Suspected for COVID 19**

**6/14/2021**

1. Chest CT (or CXR if pregnant) en route to inpatient rooms: 3111, 3109 (Stepdown), or 3223, 3225, 3227, 3229 (ICU).

2. Order Droplet Plus Isolation: gowns, gloves, PAPR or N95 mask and face shield or goggles.

3. Place AIIR for aerosolizing procedures (as available).

4. Upon arrival to COVID-19 room obtain Easi Lead EKG.

5. Send COVID-19 nasal swab (antigen):
   - If negative, send COVID-19 NP or OP swab for PCR.

### TABLE 1. HIGH CLINICAL SUSPICION FOR COVID-19

- Concerning history/clinical presentation:
  - Persistent fevers, and respiratory symptoms
- Abnormal labs:
  - Low lymphocytes (<0.8K/μL); 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

*Subjective fevers of ≥100.0°F temp.

1. 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

2. Evaluate QT interval

### 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.](#) | Yes2

**Symptomatic**
Moderate-severe respiratory illness (e.g., pneumonia, ARDS) | Patient requiring hospitalization | Yes2

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

* 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.