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. Place patient in AIIR for aerosolizing procedures; if available
2. Use gowns, gloves, PAPR 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 PCR 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 (place ICU level on 3CD or med-surg level on 5CD)
2. Order Droplet Plus Isolation: gowns, gloves, PAPR or N-95 mask and face shield or goggles
3. Place AIIR for aerosolizing procedures (as 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 Admissions (including SBH and Detox)

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) 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)

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

COVID-19 Detected
1. Proceed with surgery or procedure as scheduled
2. Follow established Surgical or Procedural Protocol for enhanced Standard Precautions

COVID-19 NOT Detected
1. Notify Surgeon of results of COVID-19 detected
2. Advise surgeon patient notification is required
3. Cancel surgery and notify patient
4. Follow Elective Surgery algorithm

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

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 longer than 72 hours prior to procedure
- Do not test if COVID-19 DETECTED on test in previous 90 days
- Delayed elective surgery for 7 weeks post symptom onset for a COVID-19 DETECTED pt.

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

*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
UTMC Guidance for Hospitalized Patients Under Investigation (PUI) - Suspected for COVID-19 - 11/5/2021

1. Chest CT (or CXR if pregnant) en route to inpatient COVID-19 unit (3CD)
2. Order Droplet Plus Isolation: gowns, gloves, PAPR or N-95 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)
   a. If negative, send COVID-19 nasal swab (PCR) for confirmation

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

* 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