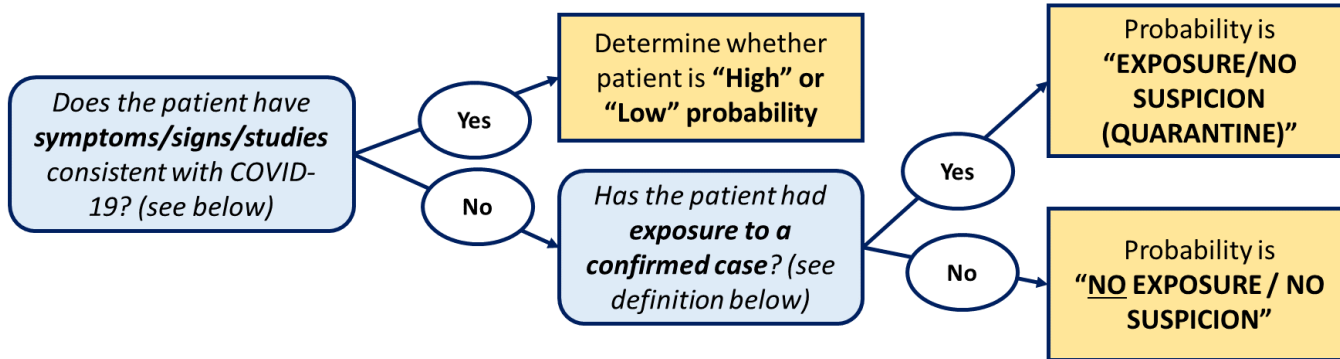


**COVID-19 PROBABILITY ASSESSMENT**

Updated policy includes guidance for revised probability assessments including: (1) High Probability, (2) Low Probability, (3) Exposure/No Suspicion (Quarantine), and (4) No Exposure/No Suspicion. [Guidance on “Removal of Isolation Precautions” can be accessed via this link.](#)

Refer to the flowchart and table below to determine the probability:



Probability	Definitions	General Guidance	Admitted Patients
<b>HIGH</b>	<ul style="list-style-type: none"> <li><a href="#">Symptoms/signs/studies consistent with COVID-19</a> with no alternative diagnosis <u>OR</u> requiring critical care                             <ul style="list-style-type: none"> <li>Includes chest imaging consistent with COVID-19 (multifocal pneumonia, bilateral infiltrates on CXR, GGO on CT), unless there is a compelling alternative diagnosis</li> <li>Critically ill patients with respiratory symptoms should be categorized as high probability prior to test and imaging results</li> </ul> </li> <li><a href="#">Symptoms/signs/studies consistent with COVID-19</a> <u>AND</u> known exposure to a confirmed COVID-19 case within the</li> </ul>	<ul style="list-style-type: none"> <li>Even if COVID test result is negative, the COVID banner will remain in place.</li> <li>Repeat COVID test 24 hours after first negative test.                             <ul style="list-style-type: none"> <li>Precautions removed per banner logic and infection control review if indicated. <a href="#">Refer to Removal of Isolation Document.</a></li> </ul> </li> <li>For critically ill patients who are moved to high</li> </ul>	<ul style="list-style-type: none"> <li>Obtain NP swab for <a href="#">rapid testing</a></li> <li>Patient goes to a COVID floor regardless of test results.</li> <li>If first test is negative, repeat testing after 24 hours.</li> <li>If new clinical data or assessment establishes an alternative diagnosis <b>prior to receiving a second test</b>, the patient may be downgraded to Low probability and removed from precautions according to <a href="#">Removal of Isolation Document.</a></li> </ul>

Probability	Definitions	General Guidance	Admitted Patients
	<p>preceding 2 weeks (within 6 feet for more than 15 minutes over 24 hours), regardless of alternative diagnosis</p> <ul style="list-style-type: none"> <li>• Patients where a clinical history is not possible and concern for COVID-19 based on presentation</li> <li>• Patients with sickle cell disease meeting above criteria <u>OR</u> with any CXR infiltrate</li> <li>• Unprovoked venous thromboembolism (including all sickle cell with VTE)</li> </ul>	<p>probability prior to test and imaging results, once results are received provider will determine if they should remain in high probability or could be moved to low probability</p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">guidelines below for previously COVID+ patients with specific immunocompromising conditions who present with clinical COVID symptoms</a></li> </ul>	
<b>LOW</b>	<ul style="list-style-type: none"> <li>• <a href="#">Symptoms/signs/studies potentially concerning for COVID-19</a> with a compelling alternative diagnosis (including other viruses on RVP, except rhinovirus<sup>1</sup>) <u>AND</u> no known exposure to a confirmed case within preceding 2 weeks.</li> <li>• If known exposure and asymptomatic, refer to “Quarantine Class” below</li> </ul>	<ul style="list-style-type: none"> <li>• If COVID result is negative, infection status will be automatically removed.</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain NP swab for <u>rapid testing</u></li> <li>• The patient may have <u>some</u> symptoms consistent with COVID-19 but the probability assessment must meet the definition for <u>LOW</u> probability</li> <li>• If the test is negative, admit to a non-COVID floor</li> </ul>
<b>EXPOSURE/ NO SUSPICION (QUARANTINE)</b>	<ul style="list-style-type: none"> <li>• Exposure to confirmed case (within six feet of an infected individual for a total of 15 minutes or more over a 24-hour period) within the last 10 days</li> <li>• No concern for infection based on symptoms/signs/studies</li> </ul>	<ul style="list-style-type: none"> <li>• 10 day quarantine from last exposure</li> <li>• Enter quarantine end date in probability assessment screen</li> <li>• Order contact and droplet precautions</li> </ul>	<ul style="list-style-type: none"> <li>• Once 1 negative test:             <ul style="list-style-type: none"> <li>○ Go to non-COVID team</li> <li>○ Quarantine can go to non-COVID floor (floor depends on need) on COVID precautions</li> </ul> </li> <li>• Not considered PUI if their first test is negative, <b>but should remain on precautions for 10 days.</b></li> </ul>
<b>NO EXPOSURE/ NO SUSPICION</b>	<ul style="list-style-type: none"> <li>• Patient shows no signs or symptoms of COVID-19 <u>AND</u> has no known exposure to COVID-19 in the last 10 days</li> </ul>	<ul style="list-style-type: none"> <li>• If one NP swab is negative AND the probability is filled out prior to the test resulting, the banner should auto-resolve</li> </ul>	<ul style="list-style-type: none"> <li>• If the test is negative, admit to a non-COVID floor</li> </ul>

<sup>1</sup> For pediatrics rhinovirus may be an acceptable alternative diagnosis depending on symptoms.

Probability	Definitions	General Guidance	Admitted Patients
		<ul style="list-style-type: none"> <li>If it does not, can fill out the Epic banner form</li> </ul>	

**Notes/Definitions:**

- COVID-19 exposure definition:** Closer than 6 feet for more than 15 minutes over 24-hour period to laboratory-confirmed COVID-19 cases within the last 2 weeks. **Patients may be released from quarantine after 10 days if they remain asymptomatic.**
- The following are compatible signs/symptoms for COVID-19:**

  - Symptoms of COVID-19 include fever, cough, shortness of breath, new loss in taste or smell, unexplained hypoxia, diarrhea (more than 3 watery bowel movements per day), nausea or vomiting, dizziness, headache, muscle aches, throat pain, rhinorrhea, fatigue and others.
  - Chest imaging suggestive of COVID-19 includes multifocal pneumonia, bilateral infiltrates on CXR, and GGO on CT.
  - Laboratory studies suggestive of COVID-19 include low WBC/leukopenia and unexplained elevation in CRP, LDH, and/or ferritin with low PCT.
  - Diagnoses for which COVID-19 should be considered include seizure; stroke; myocarditis, stress cardiomyopathy, coronary spasm, right heart failure; STEMI; venous thromboembolism.
- Guidelines specific to symptomatic patients with a tracheostomy or laryngectomy:** Symptomatic patients with an existing tracheostomy or laryngectomy: Patients with a tracheostomy or laryngectomy who have symptoms of COVID-19 and present to the ED or are admitted should be tested with a nasopharyngeal swab and an endotracheal aspirate (ETA) should be collected. Patients should be considered PUI until both results have been received.
- Re-testing COVID-19 Recovered Patients within 9 months (applies to patients with blue banner that have a COVID-19 Confirmed infection status that has been resolved)**

  - BMC does not test COVID recovered patients who are within 9 months of their initial positive COVID test and remain asymptomatic.
  - Patients meeting this criteria do not need to be tested or placed on quarantine if exposed to a confirmed case within the 9 month period immediately following the first positive test of the COVID-19 infection.
  - For COVID-recovered patients who have new symptoms of COVID-19 within 9 months of the initial positive test AND for whom an alternate etiology cannot be identified, consider retesting.
- Guidelines specific to patients who are profoundly immunocompromised (defined below) who present within 9 months of COVID+ test with clinical symptoms**

  - The below guidelines apply to the following populations: patients with hematologic malignancies on active chemotherapy, transplant of any kind within last 1 month, chronic high dose steroids (20 mg prednisone equivalent / day for at least 4 weeks).

- If patients who are considered profoundly immunocompromised present **within 9 months of COVID+ test with clinical symptoms of COVID** obtain a new COVID test.
- Following the results of testing and initial evaluation, these patients can be considered low probability and be admitted to a non-COVID bed, if an alternative diagnosis is identified as per standard guidelines (see [Guidelines for Removing Isolation Precautions](#)).
- **Guidance specific to Pediatric patients**
  - For pediatrics, rhinovirus may be an acceptable alternative diagnosis depending on symptoms.
  - Admit High-Probability to COVID precautions room
- **Notes on Operations and Workflow**
  - Probability is required for bed assignment (not required for bed request).
  - Patients requiring repeat testing should have 24 hours between each COVID test
  - If patient is critically with a respiratory complaint, patient should be considered high probability category until an alternate etiology can be confirmed (even if they don't meet all the other high probability criteria). If new clinical data or assessment establishes an alternative diagnosis **prior to receiving a second test**, the patient may be downgraded to Low probability and removed from precautions according to [Removal of Isolation Document](#).
  - Only LOW PROB COVID-19 or exposure/no suspicion or no exposure/no suspicion can be cleared with a single negative test
  - If there is disagreement between the ED attending and the accepting attending about the probability assessment, the patient defaults to high probability/COVID floor placement
  - The probability assessment must be entered in Epic before the test results return in order for a negative test to auto-resolve the COVID banner for low probability, exposure/no suspicion or no exposure/no suspicion patients
  - Patients who are exposure/no suspicion should be placed on contact and droplet isolation precautions
- **In the event that a hospitalized patient who is not on COVID isolation precautions (Droplet-Contact or Enhanced) becomes a PUI (develops new symptoms) or receives an unexpectedly positive test result**, there are several considerations that may be important to provide for the safety of staff and roommates. Please refer to [Management Considerations for In-Hospital Change of PUI Status/COVID Diagnosis](#).
- **Additional Notes**
  - Patients who are experiencing homelessness should be risk stratified based on symptoms, signs, and known exposures

**See next page for Epic tip sheets & information**

**In Epic, this appears as:**

**Update Probability**

High Low COVID Exposure/No suspicion (Quarantine)  
 No COVID Exposure/No Suspicion

HIGH*	<p>Symptoms/signs/studies consistent with COVID-19 AND no compelling alternative diagnosis OR critical care requirement OR exposure to confirmed COVID-19 case within 2 weeks. Includes patients who cannot provide a history whose presentation is concerning for COVID-19.</p> <p>Banner removal requires 2 negative tests &gt;24 hours apart AND compelling alternative diagnosis (submit attestation form); if no compelling alternative diagnosis, place ID consult.</p>
LOW**	<p>Symptoms/signs/studies consistent with COVID-19 AND compelling alternative diagnosis (including resp viruses) AND no exposure to confirmed COVID-19 case within 2 weeks.</p> <p>If COVID result is negative, infection status will be automatically removed.</p>
COVID EXPOSURE/NO SUSPICION (QUARANTINE)	<p>Exposure to confirmed COVID-19 case** WITHOUT concern for infection based on symptoms/signs/studies</p> <p>If COVID result is negative, infection status will be automatically removed. Place order for CONTACT AND DROPLET isolation precautions.</p>
NO COVID EXPOSURE/NO SUSPICION	<p>NO signs or symptoms of COVID-19 AND NO potential exposure to COVID-19**</p> <p>If COVID result is negative, infection status will be automatically removed</p>

**\*Factors consistent with COVID-19 infection**

Fever and dry cough  
 Low/normal WBC count on presentation  
 Leukopenia during hospital course  
 Low procalcitonin, elevated CRP, LDH and/or ferritin  
 Chest imaging with multifocal pneumonia, bilateral infiltrates on CXR,  
 GGO on CT, unless there is a compelling alternative

Patients with sickle cell disease meeting above criteria OR with any CXR infiltrate  
 Unprovoked VTE (including all sickle cell with VTE)  
 \*\*COVID-19 exposure defined as closer than 6 feet for more than 15 minutes over 24-hour period to laboratory-confirmed COVID-19 case within the last 2 weeks

**Relevant Epic tip sheets can be found here:**

- [Overview of Epic COVID Banner Updates](#)
- [ED Nursing](#)
- [ED Providers](#)
- [IP Nursing](#)
- [IP Providers](#)