COVID-19 TESTING IN THE ED – Version 2; 6/10/20

ASYMPTOMATIC PATIENTS

ASYMPTOMATIC patients being tested for either admission or for ED discharge to a congregate living situation, are NOT considered PUI. These patients should have a **NP swab for rapid testing, unless they already have a documented test result from within the 24 hour period**.

- Testing can be done either in a private room with closed door, or in a designated testing room with a closed door and good airflow.
- Use enhanced PPE to obtain the swab.
- If the test is negative, admit to non-COVID floor. If the test is positive, admit to a COVID floor.
- The room must be terminally cleaned room once patient leaves the ED.
- All admitted patients will remain in the ED while waiting for their test results.

SYMPTOMATIC PATIENTS / PUI *

PATIENTS BEING DISCHARGED:

LOW, MODERATE OR HIGH PROBABILITY
Obtain NP swab for routine testing

PATIENTS BEING ADMITTED:

MODERATE OR HIGH probability for COVID-19
Obtain NP swab for rapid testing

- Patients with URI symptoms should have a "comprehensive respiratory panel" which includes COVID-19 testing.
- Testing can be done either in a private room with closed door, or in a designated testing room with a closed door and good airflow.
- Use enhanced PPE to obtain swab.
- Room must be terminally cleaned room once patient leaves the ED.
- If admitted to the hospital, patient goes to a COVID floor pending test results.

LOW probability COVID-19
Obtain NP swab for rapid testing

- Admitting diagnosis may not include asthma/COPD exacerbation/respiratory symptoms
- The patient may have some symptoms consistent with COVID-19 but the probability assessment must be LOW.

*COVID-19 PROBABILITY ASSESSMENT:

- High probability: Known exposure to a confirmed COVID-19 case or history/signs/symptoms consistent with COVID-19 with no alternative diagnosis. Even if COVID-19 test result is negative, the COVID-19 banner will remain in place
- Moderate probability: History/signs/symptoms not clearly high or low probability. If COVID-19 result is negative, COVID-19 banner will remain in place pending ID review.
- Low probability: Alternative diagnosis much more likely than COVID-19 and no known exposure to confirmed case. If COVID-19 result is negative, infection status will be automatically removed after which floor can discontinue isolation precautions.

NOTES:

- 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.
- Only LOW PROB COVID-19 can be cleared with a single negative test, allowing the patient to be admitted to a non-covid floor.
- Patients with asthma/COPD exacerbation, SOB, or abnormal chest imaging (multifocal pneumonia, bilateral infiltrates on CXR, GGO on CT, etc.) should **never** be coded as LOW PROB. These patients should get rapid testing and be coded MODERATE or HIGH PROB COVID-19.
- Patients with sickle cell vaso-occlusive crises or unprovoked venous thromboembolic events should be coded as MODERATE or HIGH PROB.
- Patients should have no more than 1 COVID test every 24 hours.

HOW TO DECIDE IF MY PATIENT HAS HIGH OR LOW PROBABILITY OF HAVING COVID:

- High probability: COVID-19 signs/symptoms with no alternative diagnosis or exposure to confirmed case
- Moderate probability: does not clearly meet high or low probability definitions.
- Low probability: no known contact with a confirmed case and alternative diagnosis much more likely but still some COVID-19 symptoms that meet criteria for testing.
    - Patients with asthma/COPD exacerbation, SOB, or abnormal chest imaging should **never** be coded as LOW PROB.
    - Patients that are homeless but without a known exposure or other symptoms may be coded as LOW PROB.

SYMPTOMS ASSOCIATED WITH COVID-19

- Symptoms of COVID-19 include fever, cough, shortness of breath, new anosmia, 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.
- Other laboratory studies suggestive of COVID-19 include low WBC/leukopenia and unexplained elevation in CRP, LDH, and/or ferritin with low PCT.
- In accordance with recent information/guidelines, COVID testing should be **performed** for patients with sickle cell associated vaso-occlusive crisis, ST elevation MI.
- Diagnoses for which COVID-19 should be **considered** include new seizure; new stroke; myocarditis, stress cardiomyopathy, coronary spasm, right heart failure; pulmonary embolism.

PATIENTS BEING DISCHARGED FROM THE ED

- Patients with LOW PROB COVID-19 or asymptomatic persons being discharged or transferred to a setting that requires a single negative test result in order to be accepted should have a rapid test sent on an NP swab. Examples include discharge to inpatient psychiatric facility, homeless shelter, or other congregate living situation such as substance abuse housing. Otherwise if patient is being discharged, send a routine test on NP swab if clinically indicated based on symptom screen.

PATIENTS WHO REFUSE TESTING

- All patients who refuse testing will be admitted to a covid team/floor regardless of symptom screen and be managed as a PUI.
- All patients who refuse testing should be admitted to a private room with a door.
- HCW should wear “covid PPE” when caring for the patient.