

Physician Flowchart for Identifying, Isolating, and Assessing Patients for COVID-19 SHC Emergency Department: Adults and Pediatrics

Clinical Features	&	Epidemiologic Risk	Testing
<p>Symptomatic patients:</p> <p><u>Respiratory Symptoms:</u></p> <ul style="list-style-type: none"> -Fever (subjective or T >= 100) OR - Sore Throat OR - Cough OR - Shortness of breath OR <p><u>Other viral symptoms</u></p> <p>Fatigue, muscle ache, loss of smell/taste, vomiting, diarrhea, runny nose/congestion/sneezing, headache)</p> <p>OR Unable to Screen:</p> <ul style="list-style-type: none"> - Including but not limited to: Nonverbal, dementia, altered mental status, psychosis 	AND	Physician Judgement	<p>Should receive <u>STAT COVID-19 testing:</u></p> <ul style="list-style-type: none"> - Respiratory Symptoms (fever, sore throat, cough, SOB) - Unable to screen for symptoms - Going to OR or other procedure out of department (endoscopy etc) - Critical Ill with likely ICU admission - Patient in active labor - All Trauma 99s - All Code STEMIs <p>Should receive <u>ROUTINE COVID-19 testing:</u></p> <p>- ALL PATIENTS WITH OTHER VIRAL SYMPTOMS (including all non-ICU admits, congregate setting patients etc)</p>
Asymptomatic Patients	AND	Any of the Following :	<p>Should receive <u>STAT COVID-19 testing:</u></p> <ul style="list-style-type: none"> - Going to OR or other procedure out of department (endoscopy etc) - Critical Ill with likely ICU admission - Patient in active labor - All Trauma 99s - All Code STEMIs <p>Should receive <u>ROUTINE COVID-19 testing:</u></p> <ul style="list-style-type: none"> - All ASYMPTOMATIC Trauma 95s and 97s/ Stroke Codes (Trauma 99s receive STAT test) - Being Admitted to any NON-ICU level of care (including CDU) for a non-operative reason - Age > 60 - Chronic medical conditions such as DM, lung disease, moderate or severe asthma, CAD, CHF, arrhythmias, severe obesity, CKD on dialysis, liver disease - Works outside the home in an environment with close contacts with others, rides mass transit, or attended a gathering of >100 people in last 14 days - Organ donors prior to harvest - Patient being discharged to congregate setting (eg SNF, jail, homeless shelters etc) - Partner of a laboring patient who is COVID positive - Psychiatry patient with possibility of admission or transfer - LPCH admissions / transfers

Important Notes

*For COVID Positive or Pending: If patient homeless, or being discharged to congregate setting, ensure with Case Management discharge appropriate if that is planned disposition

** If initially a Routine COVID was ordered and pending, but patient now going to OR, ICU, or other procedure area, order new STAT test as a second swab to obtain rapid results

*** If a physician uses clinical judgement to remove airborne precautions in determining symptoms not likely due to viral etiology, physician team including attending should meet with bedside nurse first to ensure entire team aware of reasoning

