ACH COVID-19 Screening
Ambulatory Care

This pathway is intended as a guide for staff/providers and is not intended to replace clinical judgement.

**SYMPTOMS**
- Acute onset of any of the following symptoms:
  - Fever and/or chills
  - Cough
  - Sore throat
  - New loss of taste or smell
  - Nausea, vomiting, or diarrhea
  - Muscle or body aches (not explained by exercise or activity)
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Headache
  - Congestion or runny nose

**EXPOSURE (Patients)**
- Close contact with person with laboratory-confirmed COVID-19 or person under investigation for COVID-19 in the past 14 days
- OR

Adults visiting Arkansas Children’s Clinics: In the past 14 days, have you been tested for COVID-19 or have you been in direct contact with someone with COVID-19 without proper personal protective equipment (PPE)?

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**Sick Visit ONLY**
- Place standard isolation mask on patient, family, and escorting staff
- Place in private room with door closed if negative pressure room unavailable
- Notify Attending and COM
- Provider to ensure patient is stable for clinic visit
- Limit number of staff taking care of patient
- Place patient on Special Respiratory Enhanced Contact Isolation (see yellow PPE box)
- Obtain cell phone number to contact primary caregiver and for clinic point person (COM, TL, RN)
- **Consider telemedicine visit if screens positive**

**Well Child/Follow-Up**

**Patient tested positive for COVID-19**
- Schedule appointment 24 days* from patient’s positive test, provided both patient and accompanying caregiver have recovered**
- Schedule appointment 30 days* from positive test if patient is immunocompromised or was hospitalized due to COVID-19 illness, provided both patient and accompanying caregiver have recovered**

**Caregiver or other household contact tested positive for COVID-19**
- Schedule appointment 24 days* from positive test, provided both patient and accompanying caregiver have recovered**

**Patient/caregiver or member of patient’s household exposed to non-household contact who tested positive for COVID-19**
- Schedule appointment 14 days* from patient/caregiver/household member’s last contact with positive individual, provided both patient and accompanying caregiver/household member have not developed symptoms or tested positive for COVID-19.
- Test or exposure date = day 0
- **Recovered (if applicable) = at least 24 hours have passed since resolution of fever without use of fever-reducers and resolution/improvement in symptoms**

**PLEASE NOTE:** For children who require a time-sensitive clinic appointment, please call Infection Prevention as needed. They can work with teams to mitigate risk while allowing the patient to be seen in a safe and timely manner.

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**Testing Requested**
- GO TO COVID-19 TESTING GUIDANCE FOR AMBULATORY CARE

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**Caregiver Positive Screen**
- If caregiver/family member screens positive, refer them to their Primary Care Provider
- OR
- If caregiver is unstable, follow normal escalation procedure, including proper isolation.

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**Personal Protective Equipment (PPE)**
- **Standard isolation mask for routine care**
- N-95 mask (FIT test required) or CAPR (MAXAIR PAPR) for aerosol-generating procedures
- N-95 mask for collecting specimen to rule out COVID
- Eye protection
- Gown
- Gloves
COVID-19 Testing Decision Making

This pathway is intended as a guide for staff/providers and is not intended to replace clinical judgement.

Wear Appropriate Personal Protective Equipment (PPE)
- Standard isolation mask for routine care
- N-95 mask (FIT test required) or CAPR (MAXAIR PAPR) for aerosol-generating procedures
- N-95 mask for collecting specimen to rule out COVID
- Eye protection
- Gown
- Gloves

Aerosol Generating Procedures (AGPs):
- Open suctioning of airways (oral, anterior nasal, nasal pharyngeal, endotracheal, tracheostomy)
- Sputum induction
- Cardiopulmonary resuscitation
- Endotracheal intubation/extubation
- Non-invasive ventilation (e.g. BIPAP, CPAP)
- Ventilator circuits with open exhalation (i.e. Trilogy, Vivo-65, or LTV ventilators)
- Bronchoscopy and Endoscopy
- Manual ventilation (bag/face mask, bag/endotracheal tube, bag/tracheostomy)
- High flow O2 delivery via OptiFlow

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Flu Testing</th>
<th>RPP Testing</th>
<th>COVID-19 Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic – No exposure Discharging from ED</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Asymptomatic + Admission to Facility</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Asymptomatic + Exposure (at least 5 days after exposure)</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Symptoms* compatible with acute COVID-19 with mild symptoms (discharge)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Symptoms* compatible with acute COVID-19 with moderate/severe symptoms (admission)</td>
<td>YES</td>
<td>As clinically indicated</td>
<td>YES</td>
</tr>
</tbody>
</table>

(1) Order ACH COVID-19 by RT-PCR. Collect (1) NP swab in viral transport media and send to main lab. If we run out of viral transport media, (1) NP swab in normal saline is acceptable for COVID-19 PCR testing; however the RPP will not be able to be performed.

Other Diagnostic Testing
- Portable CXR if clinically warranted
- CT not indicated unless concern for other process
- Consider other laboratory testing to guide clinical management

*Symptoms compatible with acute COVID-19
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Discharge
- Review follow-up recommendations
- Supportive care including hydration and antipyretics
- Quarantine instructions, including duration
- Process for revisit

 CDC home care guidance - English version
 CDC home care guidance - Spanish version

Patient too ill for outpatient evaluation and treatment

Transfer to Emergency Department
- Ensure proper isolation protocol is followed
- Transfer to nearest Emergency Department
- Arkansas Children’s Transfer: 1-800-ACH-HELP
Incubation Period of SARS COV 2: The typical incubation period for COVID-19 is five or six days, but it can range from one to fourteen days with approximately ten percent of cases taking longer than average.

Viral Tests: Polymerase Chain Reaction (PCR) tests and antigen tests are considered as viral tests.

Point of Care (POC) Testing: Abbott ID Now is a rapid PCR test which can be used as POC; Quidel Sofia and BD Veritor are antigen tests which can be used similarly.

Methods of SARS COV 2 testing:

- **PCR Tests:** PCR tests look for pieces of genetic material of SARS-CoV-2, the virus that causes COVID-19, in the nose, throat, or other areas in the respiratory tract to determine if the person has an active infection.
  - **Advantage:** Highly sensitive, 100% specific, can pick up infection as early as day 3-5 after exposure.
  - **Disadvantage:** costly, longer turnaround time (TAT), needs qualified lab, may remain positive for several weeks after infectious period has ended because of high sensitivity.

- **Antigen Tests:** Antigen tests look for pieces of proteins that make up the SARS CoV-2 virus to determine if the person has an active infection.
  - **Advantage:** >80% sensitive, 100% specific (compared to PCR), can pick up infection early, point of care, faster TAT, can be done in settings which operate under a CLIA certificate of waiver.
  - **Disadvantage:** false negatives can be a problem. A PCR test may be needed for confirmation of a negative test result.

Antibody (Serology Tests): Serology looks for antibodies against SARS-CoV-2 in the blood to determine if there was a past infection. These tests are not indicated for diagnosing current infection.

**Guidance for Selection of Test Type**

**Symptomatic Persons**

- Use PCR/antigen tests as soon as symptoms noted. Rapid tests perform well in symptomatic patients. Symptoms include fever, chills, rigors, myalgia, sore throat, cough, headaches, body aches, loss of smell and taste, nausea or vomiting, diarrhea, fatigue, congestion or runny nose, shortness of breath, difficulty breathing, etc.

**Asymptomatic/Presymptomatic Contacts**

- We do not recommend using antigen tests or POC PCR tests in asymptomatic persons (i.e. screening). Information is not available on how POC tests perform in asymptomatic/presymptomatic cases.
- PCR testing should be preferred if available; specimens should ideally be collected 3-5 days following exposure for close contacts.
- If viral testing capacity is limited, focus testing on patients with symptoms and household members and other close contacts of positive cases. Remember, close contacts should quarantine for 14 days regardless of negative result.

8/13/2020 – This is a living document and may change as new information on testing becomes available. Contact ADH Physician hotline at 1-844-930-3023 with questions.