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

### 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)?

**YES**
- **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

**NO**
- Proceed as normal
  - Provide standard isolation mask for patients with respiratory symptoms and place on respiratory contact precautions

**YES**
- **Well Child/Follow-Up**
  - Patient/caregiver/other exposed to non-household contact who tested positive for COVID-19, reschedule appointment for 14 days from patient/caregiver’s last contact with positive individual
  - Patient/caregiver/other exposed to household contact tested positive for COVID-19, reschedule appointment for 30 days from last positive test, provided both child and accompanying caregiver have recovered
  - If patient has a COVID-19 diagnosis and symptoms are improving, reschedule appointment for 14 days from date of positive test

### TESTING REQUESTED
- **If pt. UNSTABLE**
  - call ED team leader for transfer to ED

### GO TO COVID-19 TESTING GUIDANCE FOR AMBULATORY CARE

### Personal Protective Equipment (PPE)
- **Standard isolation mask for routine care**
- N-95 mask (FIT test required) or CAPR (MAXAIR PAPR) for aerosol-generating (likely to produce cough) procedures
- Eye protection
- Gown
- Gloves

### 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.
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 (likely to produce cough) procedures (nebulized treatments, Swabbing for tests)
- Eye protection
- Gown
- Gloves

Aerosol Generating Procedures:
- Nasopharyngeal swab
- Tracheal intubation/extubation
- Suction before/after intubation
- Nebulizer treatments
- Manipulation of oxygen masks
- Manual ventilation
- Bronchoscopy
- Non-invasive ventilation
- Defibrillation
- Chest physiotherapy
- High flow oxygen
- Tracheostomy
- Manipulation of BIPAP mask
- Open endotracheal suction

Testing Decision Making

<table>
<thead>
<tr>
<th>Location of order based upon login dept. or patient location</th>
<th>Indications for ordering COVID-19 test</th>
<th>Performing Lab</th>
<th>Storyboard Flag in Epic</th>
<th>Urgency Tier</th>
<th>Turn Around Time</th>
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<tbody>
<tr>
<td>Ambulatory/ED</td>
<td>Asymptomatic – No Known Exposure (For in office testing please see ADH testing primer-see following page)</td>
<td>In-House*</td>
<td>No Flag</td>
<td>Low</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic – Known Exposure (For in office testing please see ADH testing primer)</td>
<td>In-House*</td>
<td>R/O COVID</td>
<td>Low</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Symptomatic – With/Without Exposure</td>
<td>In-House*</td>
<td>R/O COVID</td>
<td>Medium</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Pre-Procedural</td>
<td>In-House</td>
<td>No Flag</td>
<td>High</td>
<td>1 day</td>
</tr>
<tr>
<td>Inpatient/All Admissions</td>
<td>Asymptomatic – No Known Exposure</td>
<td>In-House</td>
<td>No Flag</td>
<td>High</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic – Known Exposure</td>
<td>In-House</td>
<td>R/O COVID</td>
<td>High</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Symptomatic – With/Without Exposure</td>
<td>In-House</td>
<td>R/O COVID</td>
<td>High</td>
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</tr>
</tbody>
</table>

*May need to be changed to ARUP in the event that surge capacity exceeds our In-House testing capacity. ARUP turn-around time is 4-6 days.

*Follow up negative Ag tests will be subject to the indications above and may be sent to reference lab

ADH Testing Primer-general information re: testing modalities (not a commentary on specific products)

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

Transfer to Emergency Department
- Ensure proper isolation protocol is followed
- Transfer to nearest Emergency Department
- Arkansas Children’s Transfer: 1-800-ACH-HELP

Patient too ill for outpatient evaluation and treatment
How to Use COVID-19 Testing

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 (SeroLogic 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.