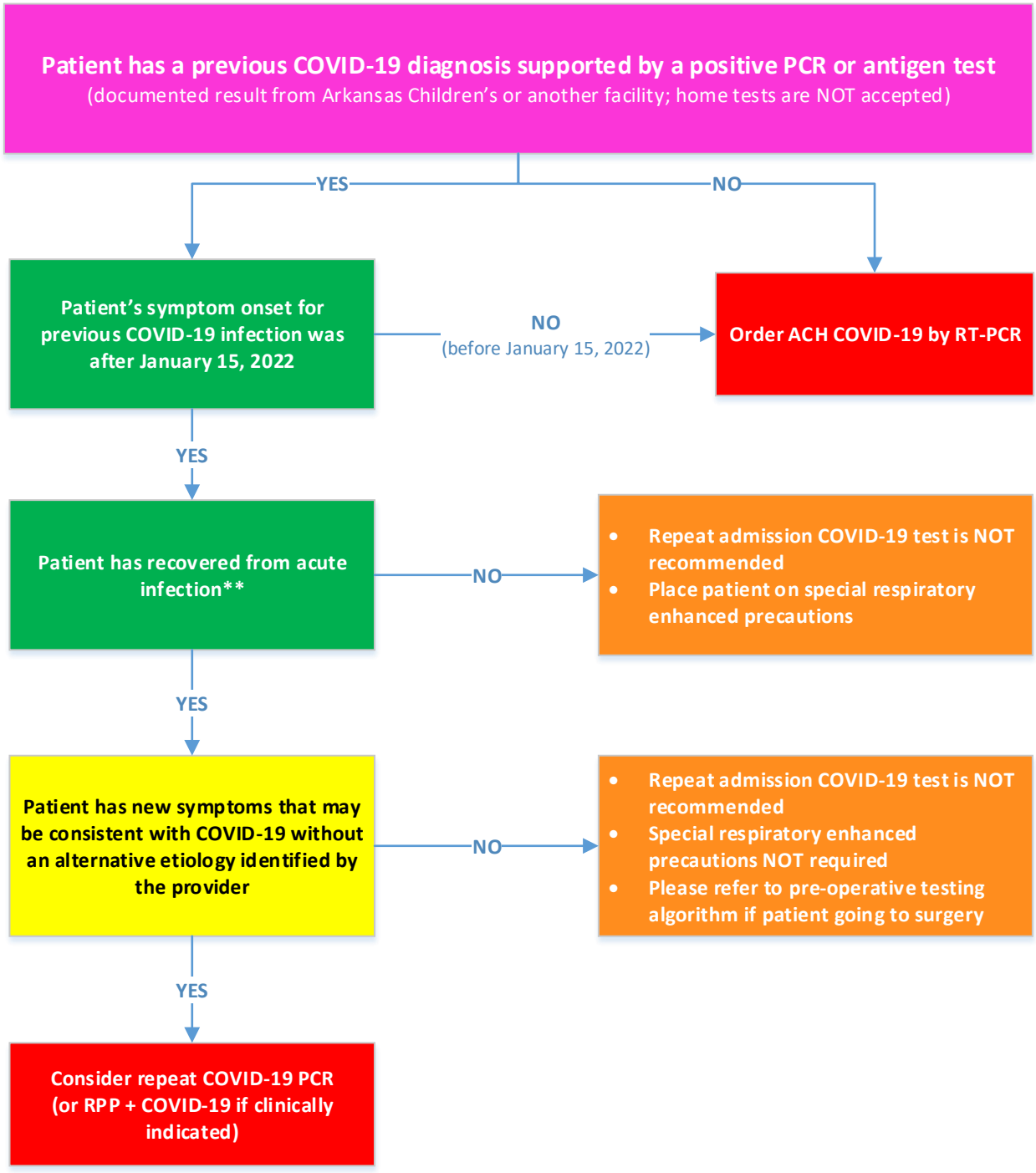
Last updated
2-25-22

ACH COVID-19 Pre-Admission Testing
Inpatient Areas

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

This pathway is intended as a guide for staff/providers and is not intended to replace clinical judgement.
Students refer to educational institution guidelines for caring for COVID positive patients



*If patient was asymptomatic at time of diagnosis, date of first positive PCR test should be used in place of the date for symptom onset

Recovery = 10 days from symptom onset* for persons with mild infection or 20 days from symptom onset* for persons admitted with COVID-19 infection or immunocompromised persons **AND resolution of fever for at least 24 hours (without antipyretic) **AND** improvement of symptoms

ACH COVID-19 Pathway
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Positive COVID-19 test

STOP
- Place patient on Special Respiratory Enhanced Contact Isolation (see orange PPE box)
- Limit care providers entering room
- Review current visitor guidelines on the Arkansas Children's webpage

Confirmed Positive COVID-19
Place in negative pressure room with doors closed

Pending COVID-19 test (includes unknown status or test not collected)

STOP
- Place patient on Special Respiratory Enhanced Contact Isolation (see orange PPE box)
- Limit care providers entering room
- Review current visitor guidelines on the Arkansas Children's webpage

Patient under investigation (tested) for COVID-19
Place in private room with door closed

Negative COVID-19 test

Continue routine management of patient per standard of care

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)
- 3100 A/B Oscillator
- Bronchoscopy and Endoscopy
- Manual ventilation (bag/face mask, bag/endotracheal tube, bag/tracheostomy)
- High flow O2 delivery via OptiFlow

Notify Attending and Nursing Staff/Team Leader

For POSITVE Patients ONLY
Inpatient Team Leader/PCM
- **Notify Team Leader/PCM if on shift**
- **Cluster care and limit number of staff for routine care of patient**
- **Ensure special respiratory enhanced contact isolation is in place**
- **Ensure RN/Provider wear PPE, have been FIT tested or have CAPR**
- **Collect list of staff members who came into contact with patient**

Infection Prevention
- **Communicate with Inpatient team leader/PCM as necessary**
- **Ensure staff has implemented Special Respiratory Enhanced Contact Isolation**
- **Please call IP on-call with questions**

Patient Care
- **Special Respiratory Enhanced Contact Isolation (signs on all doors)**
- **Direct care providers only to care for patient (no orientees or students)**
- **Disposable equipment is used for patient care. (DO NOT remove equipment, stethoscope, etc)**
- **Advise patient and family to not leave room. If caregiver must leave hospital, place mask on caregiver. All meals for patients/caregivers will be delivered to room.**

Patient Ready for Discharge:
- Review follow-up recommendations
- Supportive care including hydration and antipyretics
- Quarantine instructions, including duration
- Follow up with PCP

CDC home care guidance -English version

CDC home care guidance-Spanish version

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Addendum to Clinical Guidelines for Bed Placement	
	3/25/20 V.1.0
COVID-19 (confirmed positive)	• Place patient on Special Respiratory Enhanced Contact Isolation precautions • Place patient in an Airborne Infection Isolation Room (AIIR); if AIIR not available, place in negative pressure room or regular patient room with door closed
R/O COVID-19 (formerly PUI)	• Place patient on Special Respiratory Enhanced Contact Isolation precautions • Place patient in a regular private room with door closed

See COVID Patient Placement/PICU Critical Care COVID Overflow algorithm for appropriate room assignment