

# 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 (Patients or Accompanying Adult):

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

OR

## EXPOSURE (Patient or Accompanying Adult)

Close contact with person with laboratory-confirmed COVID-19 or person under investigation for COVID-19 in the past 14 days

OR

## RECENTLY TESTED (Patient or Accompanying Adult)

In the past 30 days, have you tested positive for COVID-19 or do you currently have a COVID-19 test pending?

NO

**Proceed as normal**  
Provide standard  
isolation mask for  
patients

YES

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

Well Child Visit  
(see Pathway)

!

If pt. UNSTABLE  
call ED team leader  
for transfer to ED

## Special Respiratory Enhanced Contact 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

TESTING REQUESTED

GO TO COVID-19 TESTING GUIDANCE FOR  
AMBULATORY CARE

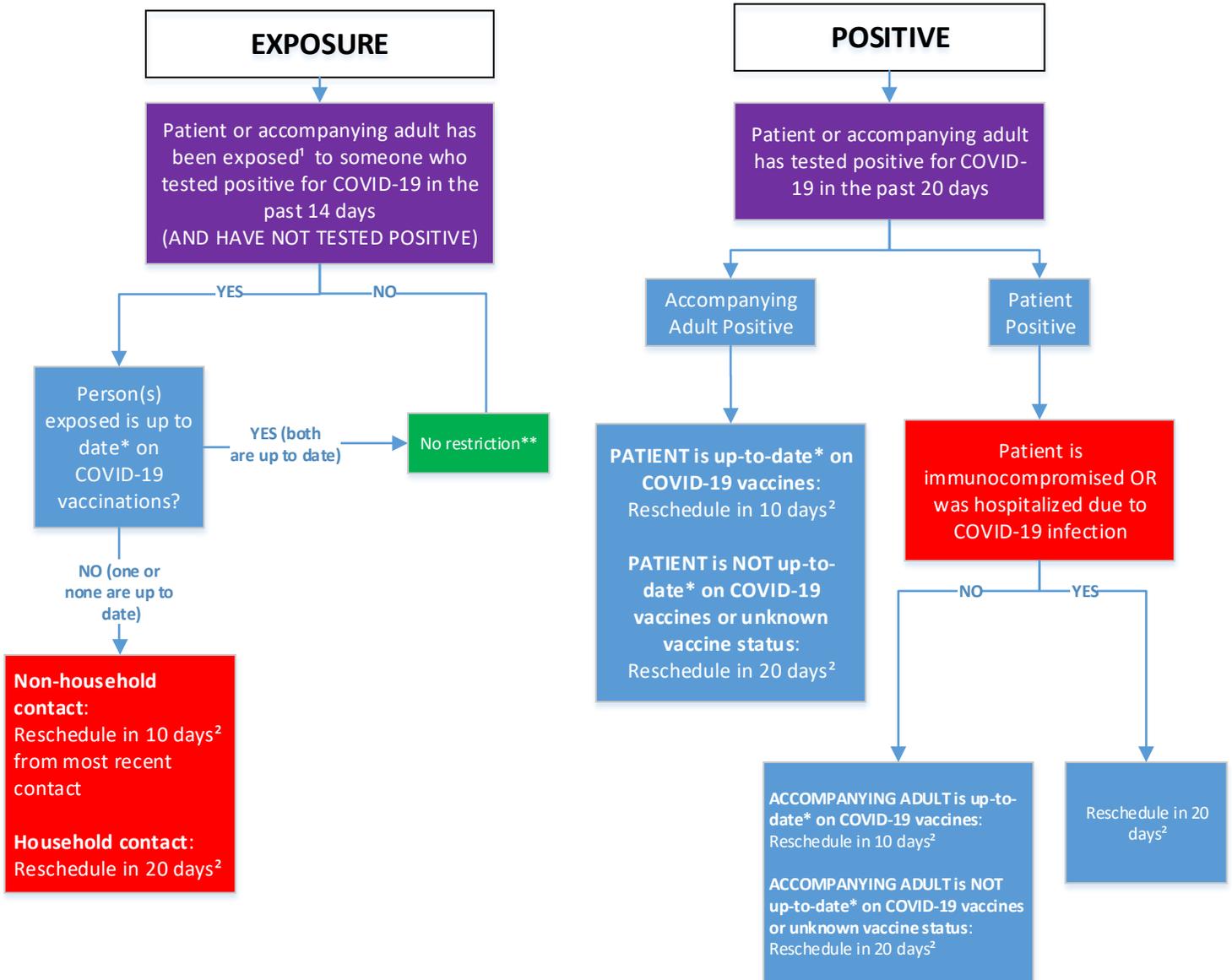
## Caregiver Positive Screen

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.

# ACH COVID-19 Scheduling of Well-Child/Follow-Up Visits



\* Up to date = A person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

\*\* Provided both patient and accompanying adult are without COVID-19 symptoms

<sup>1</sup>Date of exposure = Day 0

<sup>2</sup>From positive individual's date of symptom onset (= day 0) or if asymptomatic infection, from date of positive test (= day 0) provided (a) at least 24 hours have passed since resolution of fever without use of fever-reducers, and (b) resolution or improvement in symptoms

# 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 PAPER) 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

## Testing Decision Making

Clinical Features	Flu Testing	RPP Testing	COVID-19 Testing <sup>1</sup>
Asymptomatic – No exposure Discharging from ED	NO	NO	NO
Asymptomatic + Admission to Facility	NO	NO	YES
Asymptomatic + Exposure (at least 5 days after exposure)	NO	NO	YES
Symptoms* compatible with acute COVID-19 with mild symptoms (discharge)	YES	NO	YES
Symptoms* compatible with acute COVID-19 with moderate/severe symptoms (admission)	YES	As clinically indicated	YES

**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

**! Testing should be based on clinical suspicion**

**All patients being tested for COVID-19 require quarantine**

(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.

**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