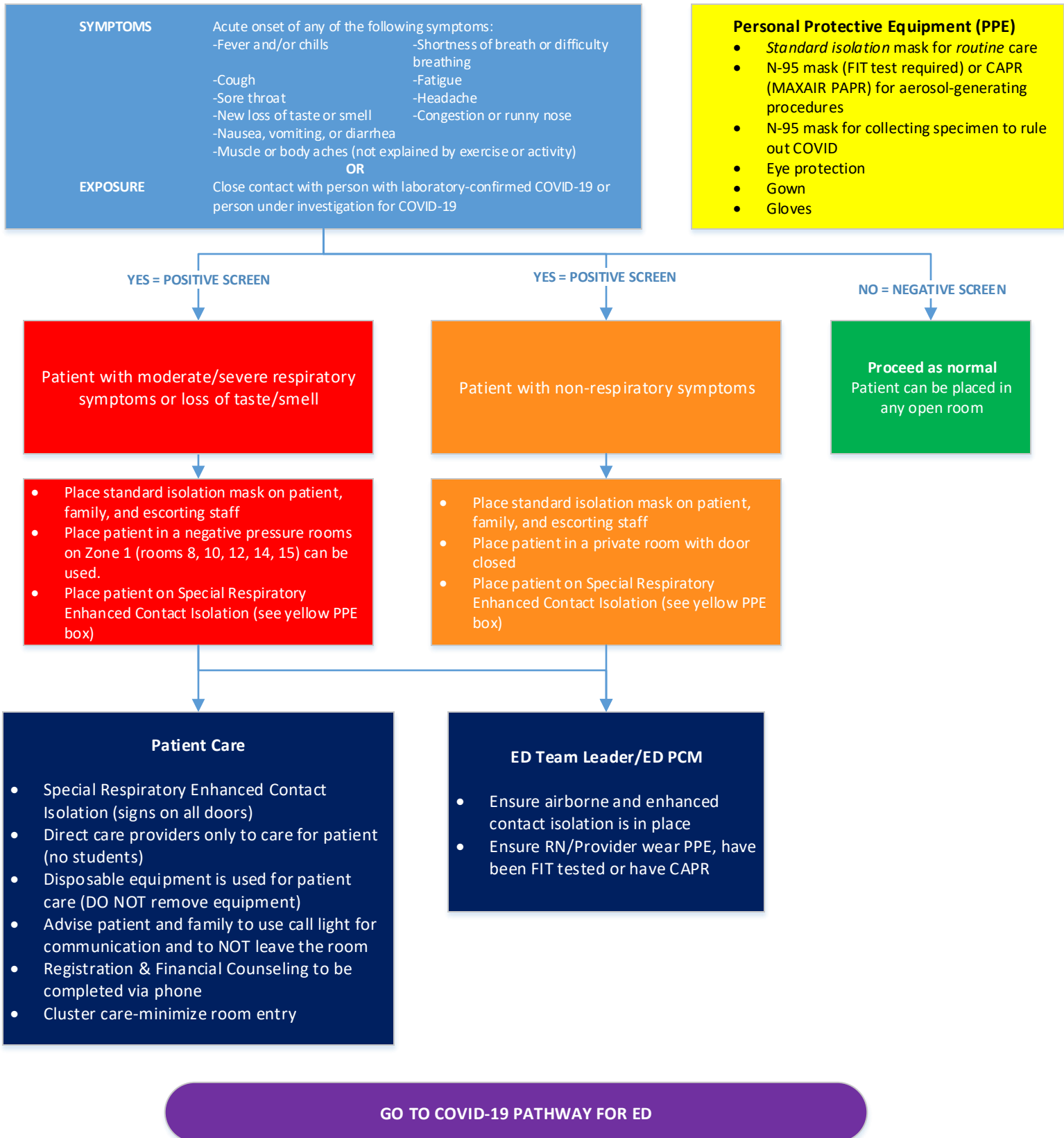


ACH COVID-19 Screening Emergency Department

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



ACH COVID-19 Pathway Emergency Department

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Initiate IMMEDIATE Special Respiratory Enhanced Contact Isolation Precautions

- Place standard isolation mask on patient, family/caregiver, escorting staff
- Escort patient & family immediately to a negative pressure isolation room
- Place in private room with door closed if negative pressure room unavailable
- If no room available, place in negative pressure waiting room
- If no room available, place patient in waiting room 1

History & Physical Exam

- Respiratory symptoms, duration, and timing of onset
- Ask about ill family members/close contacts
- Ask that all accompanying family members remain at bedside with patient
- Consider other etiologies based on history of travel or exposure

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

Testing Decision Making

Clinical Features	Flu Testing	RPP + COVID-19 Testing ¹	COVID-19 Testing ¹
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

(1) Order ACH COVID-19 by RT-PCR (stand-alone test) OR Respiratory Pathogen Panel + COVID-19. 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

! Testing should be based on clinical suspicion

All patients being tested for COVID-19 require quarantine

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

See [Guidelines for Patients on Special Respiratory Enhanced Contact Isolation](#) for information on transporting patients

Admission

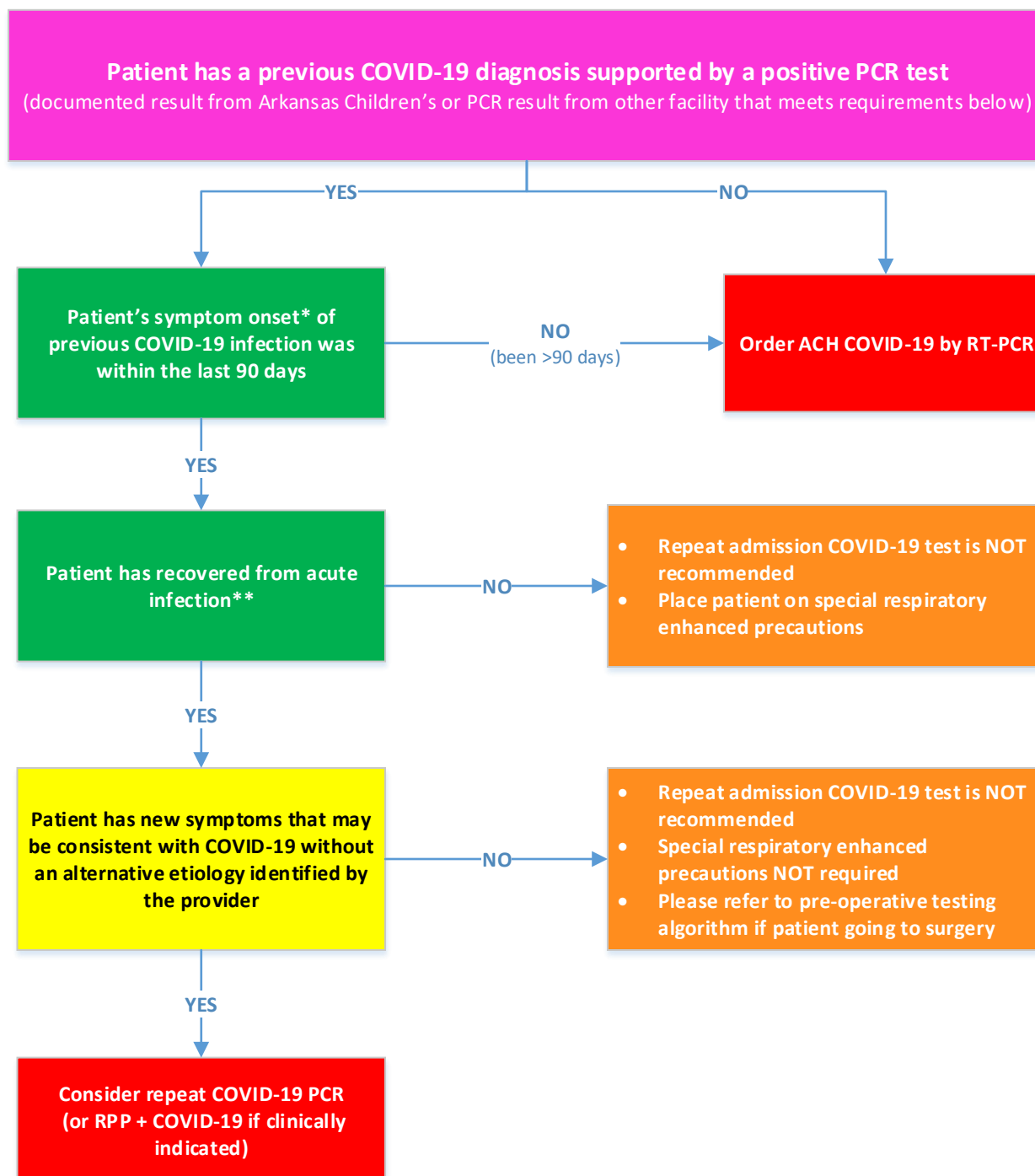
- Patients going to the Burn unit, PICU ward bed, or are high-risk and assigned to 4K or CVICU bed require test results prior to transferring to unit.
- All other admissions may be transported to an appropriate inpatient isolation room while awaiting test results.
- Mask patient, family/caregiver, and staff during transport

ACH COVID-19 Pre-Admission Testing Emergency Department



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*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

Addendum to Clinical Guidelines for Bed Placement	
3/25/20 V.1.0	
COVID-19 (confirmed positive)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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