Introductions: Please refer to the most up to date copy of “COVID-19 ED Workflow” available on ECS SharePoint to determine when and whether to obtain a COVID-19 PCR test and what type to obtain (rapid vs standard).

Symptoms of Patients with COVID-19

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Incidence</th>
<th>Symptom</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>44%-50% at admission (83-98% during admission)</td>
<td>GI Symptoms</td>
<td>About 10% have these before cough/dyspnea</td>
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<tr>
<td>Dry Cough</td>
<td>67.8-82%</td>
<td>Abdominal pain</td>
<td>4%</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>18.7-55% (more common in those with worse outcomes)</td>
<td>Diarrhea</td>
<td>10%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>11%</td>
<td>Vomiting</td>
<td>8%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore Throat</td>
<td>13.9%</td>
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</tbody>
</table>

COVID-19 PCR Testing in the ED

1. There are no high-quality studies comparing the PCR tests to a gold standard.
2. Assume high specificity: A positive test indicates the patient has the disease
3. Do not assume high sensitivity: A negative test DOES NOT rule out the disease. False negatives are happening for multiple reasons.
4. If admitting a patient with an initial negative ED-performed COVID-19 test and symptoms consistent with COVID-19, continue Severe Respiratory Isolation PPE standards and the admitting team can consider repeat testing (e.g. tracheal aspirate for intubated patients).
5. For patients being discharged there is no clinical reason to re-test the patient in the ED unless they return to the ED with worsening symptoms requiring admission.

Supplemental Lab Studies for Patients Requiring Admission That May Aid Prognosis / Risk Stratification

1. Complete Blood Count with differential
2. Complete Metabolic Panel
3. D-dimer, PT/PTT, Fibrinogen
4. CRP/ESR, LDH, IL-6
5. Troponin/BNP: Only if suspected acute coronary syndrome or heart failure
6. Blood cultures: Only if suspected concomitant bacterial infection with bacteremia

Imaging Studies

1. A normal chest x-ray does not rule out COVID-19. Many findings are compatible with COVID-19 (focal consolidation, pulmonary edema, reticular nodular opacities among others).
2. A normal chest CT does not rule out COVID-19. Reserve chest CT for specific clinical questions (e.g. pulmonary embolism). A variety of findings could be consistent with COVID-19, most commonly ground-glass opacities.
3. Point of Care Lung ultrasound correlates well with CT findings. Findings may correlate with disease severity: Scattered B-lines → Confluent B-lines → Small peripheral consolidations → Larger consolidations

Note: Recommendations for management of COVID patients is rapidly changing. This information is felt to represent the best initial approach based on expert opinion and case reports. References