COVID-19 Clinical ED Workflow - March 25, 1700

Patient presents with common COVID-19 symptoms:
- Fever > 100°F
- New or worsening shortness of breath in the last 48 hours
- New or worsening cough in the last 48 hours

Patient and care team don surgical masks immediately. Severe Respiratory Isolation PPE (Box 2.) is indicated if within 6 feet of patient.

**CAUTION**

Manage alternate cause, consider deescalating PPE, disposition appropriately.

**Note re: SH Essential Healthcare Workers**
If an essential healthcare worker (patient facing or required for patient facing care) with only mild symptoms (new myalgias, malaise, runny nose, congestion, or sore throat) AND had an unprotected (no mask, w/in 6 ft, for 10 min) exposure to a presumed COVID+ patient, then CAN order testing in ED OR via SH Employee Hotline (833.559.0658) as outpatient.

**Box 1. Source of Truth = .COVID19ED dot phrase via MDM**

**.COVID19ED Current Testing Criteria:**
- Hospitalized with severe lower respiratory illness
- Pregnant women in the 3rd trimester or active labor
- Severely immunocompromised (e.g., active chemotherapy, solid organ transplant, other immunosuppressive drugs, advanced HIV)
- Essential healthcare workers & first responders (EMS, Fire, Police)
- Patients living in congregant facilities (such as prisons, shelters, nursing facilities and adult foster care)

**Box 2. Severe Respiratory Isolation PPE:**
- Gown
- Gloves
- Eye protection
- Surgical mask*

*Aerosolizing Procedures requiring N95/PAPR: BiPAP/CPAP, nebulized medications, trach aerosol device (trach collar or t-piece), continuous treatments via ventilator, active intubation, CPR, sealed high flow nasal cannula

*Procedures that do NOT require N95/PAPR: Circuit change on a ventilator, MDI medications, regular nasal cannula (not sealed to nares) regardless of low rate

**Workup as indicated.**
- Minimize routine studies that require red top "Viral Transport Media". Goal is preserving for later COVID-19 PCR if indicated due to shortage.

**Yes**
- Confirmed alternate diagnosis explains symptoms?
  - (e.g. flu, CHF, lobar PNA)

**No**
- Can patient be discharged?

**Yes**
- Discharge Home.
  - Self care/quarantine per standard AVS instructions

**No**
- Indicate in ED Hospital Bed Request: "r/o Covid"
- Type .COVID19ED in ED note MDM and check testing criteria (also in Box 1.)
- Discuss COVID testing with the Inpatient Team PRIOR to ordering
- If decision is to test, order COVID-19 PCR. Nasopharyngeal Swab can be collected in ED or on the floor.

*Regional ED Patients:
- If transferring to GR, COVID to be ordered & collected after transfer
- If admitting into regional hospital, discuss with inpatient team as above.
- Lab courier will transport swab to GR for resulting.

**Patients potentially at high-risk for severe illness from COVID-19 include:**
- Aged 65+ years, live in a nursing home or long-term care facility, chronic lung disease/moderate asthma, heart disease with complications, immunocompromised including cancer treatment, BMI ≥40, poorly controlled diabetes, renal failure, or liver disease.

**Perfect Serve COVID-19 provider hotline:** Search for:
- "COVID-19 Provider Resource- Adult" or "COVID-19 Provider Resource- Pediatrics"
- PS staffed 7 a.m. to 9 p.m., Monday through Friday, for all medical staff.
- After hours, can call the COVID-19 hotline, 833.559.0660.