COVID Retesting Criteria  3.27.2020

**Re-testing Criteria:** Please use the following criteria to determine if retesting for COVID-19 should be considered. Note that testing accuracy is dependent upon appropriate technique of specimen collection.

<table>
<thead>
<tr>
<th>Status</th>
<th>Retesting Criteria</th>
<th>Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID POSITIVE Patients (adult + peds)</td>
<td>NO retesting is indicated at this time</td>
<td>n/a</td>
</tr>
</tbody>
</table>
| Adult COVID NEGATIVE Patients with significant Clinical Suspicion (see below for clinical guidance – also in inpatient workflows) | The following situations should be considered for retesting:  
  - **Respiratory Decline requiring increased Level of Care:** retesting may be considered to confirm etiology  
  - **End of Life Situations:** retesting may be considered for the purposes of preserving PPE and/or directing PPE use within family visitation  
  - **Length of Stay:** retesting may be considered for the purpose of preserving PPE within a longer length of stay  
    - Infection Prevention should be consulted with these scenario | Consider a sputum sample (example: intubated patients) |
| Peds COVID NEGATIVE Patients with clinical suspicion | Contact Pediatric Infectious Disease for direction. | |

***If patient has two negative COVID-19 tests, please discontinue severe respiratory precautions***

**Clinical Guidance:** Patients admitted with respiratory symptoms + concern for COVID-19 disease **BUT** COVID-19 **AND** other viral testing is negative: Consider the following information if maintaining a high clinical suspicion of COVID-19.

### SYMPTOMS

<table>
<thead>
<tr>
<th>Common Symptoms (&gt;75% prevalence)</th>
<th>Intermediate Symptoms (15-40% prevalence)</th>
<th>Uncommon Symptoms (&lt;5% prevalence)</th>
</tr>
</thead>
</table>
| • Fever (> or = to 38 degrees) present at any point during the admission  
  • Cough | • Myalgias  
  • Fatigue  
  • Sputum production  
  • Shortness of breath on admission  
  • Septic Shock | Uncommon Symptoms (<5% prevalence)  
  • Nausea and Vomiting  
  • Diarrhea  
  • Hemoptysis  
  • Nasal Congestion |

### LABORATORY FINDINGS

<table>
<thead>
<tr>
<th>Absolute lymphopenia &lt;1500 per mm3 (&gt;80% prevalence)</th>
<th>Elevated LDH (40% prevalence)</th>
<th>Elevated CRP (severe disease)</th>
<th>Elevated D-dimer (severe disease)</th>
<th>NORMAL WBC count + Procalcitonin</th>
</tr>
</thead>
</table>
| Chest CT: Approximately 85% of all patients with COVID19 have abnormal Chest CT scan, findings include local or bilateral patchy shadowing, ground glass opacities  
  • **CXR:** Abnormal in of patients with non-severe disease. In this patient population with negative testing, non-severe disease, and equivocal or negative chest XR, non-contrast CT chest should be considered.  
  • **Uncommon:** Pleural effusions and hilar adenopathy |

### CLINICAL GUIDANCE:

For patients with fever + cough + one or more of the above laboratory or imaging findings, maintain high suspicion of COVID-19. Keep patient in severe respiratory isolation and treat accordingly. Utilize positive or presumed positive COVID-19 discharge instructions upon discharge.