

Primary Care Follow-Up for COVID-19 Testing- July 24, 2020 1002

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What to do if your patient was tested for COVID

If the test was NEGATIVE:

- The Spectrum Health lab PCR test is a sensitive test for excluding COVID. However, because laboratory testing is imperfect, maintain a high index of suspicion if the patient develops new or worsening symptoms.
- Frequently reported symptoms of patients admitted to the hospital:
 - Fever
 - Dry cough
 - Myalgia or fatigue
 - Shortness of breath
 - GI symptoms such as diarrhea and nausea (caution: we do not know the significance of isolated GI symptoms and likelihood of having COVID or need for hospitalization).
- Less common symptoms reported include:
 - Sore throat
 - Headache
 - Productive cough or hemoptysis
 - Lower respiratory signs and symptoms such as hypoxia and wheezing.
- If you think that despite a negative test, your patient might have COVID, we recommend advising them to self-isolate for **10 days or 24 hours** after resolution of fever and improvement in symptoms, whichever is longer.

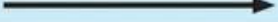
If the test was POSITIVE:

- The Spectrum Health lab PCR test has is highly specific for COVID.
- If your patient did not meet criteria for admission:
 - If your patient has a comorbid condition (see next page), please virtually see your patient within 2-3 days of their SH Now or ED visit.
 - Suggest the patient to purchase pulse oximeter to monitor at home
 - Watch for worsening or new onset symptoms noted above in the NEGATIVE section
- Outpatient care:
 - Supportive care and symptomatic management as with other viral respiratory infections
 - Antipyretics – Currently, there is no compelling clinical data to recommend against NSAID use.
 - Antivirals and other medications (e.g. hydroxychloroquine) – currently there is not a role for these medications in the outpatient setting.
 - No follow up lab work is indicated.
- When to direct patients back to the ED: Worsening shortness of breath, inability to stay hydrated, hypoxia (<92%), altered mental status

- Positive patients should self-isolate for **10 days or 24 hours** after resolution of fever and improvement in symptoms, whichever is longer. **Positive patients who are asymptomatic should self-isolate for 10 days from the date the test was obtained.** Patients who are severely immunosuppressed need to self-isolate for 20 days.
- If you have additional questions, **please visit the COVID-19 InSite page for information or PerfectServe Pediatric Infectious Diseases for patients <18 or Adult Infectious Diseases for patients ≥18**

Comorbid conditions with high risk for severe infection with suggested criteria

- **Severely immunosuppressed**
- ≥ 65 YO
- Moderate persistent or severe persistent asthma

Components of Severity		Classification of Asthma Severity (Youths ≥12 years of age and adults)			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment Normal FEV ₁ /FVC: 8-19 yr 85% 20-39 yr 80% 40-59 yr 75% 60-80 yr 70%	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3-4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not >1x/day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	<ul style="list-style-type: none"> • Normal FEV₁ between exacerbations • FEV₁ ≥80% predicted • FEV₁/FVC normal 	<ul style="list-style-type: none"> • FEV₁ ≥80% predicted • FEV₁/FVC normal 	<ul style="list-style-type: none"> • FEV₁ >60% but <80% predicted • FEV₁/FVC reduced 5% 	<ul style="list-style-type: none"> • FEV₁ <60% predicted • FEV₁/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0-1/year	≥2/year 		
		← Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. →			
		Relative annual risk of exacerbations may be related to FEV ₁			

- Chronic lung disease
 - COPD with FEV₁ or DLCO/VA ≤50% of predicted
 - Interstitial lung disease (for example, pulmonary fibrosis)
 - chronic oxygen therapy
- Chronic liver disease or cirrhosis
- Renal failure on dialysis
- Uncontrolled diabetes: HbA1C ≥8 or with end organ damage (Stage 3 renal disease, microvascular disease, retinopathy, peripheral vascular disease, peripheral neuropathy)
- Uncontrolled hypertension: Systolic BP ≥ 150 or diastolic BP ≥ 100

- Cardiovascular disease with reduced functional capacity
 - Congestive heart failure (EF \leq 50%)
 - Symptomatic peripheral vascular disease
 - Angina
- Pregnancy – there is no clear evidence indicating that pregnant women are more likely to have severe infection