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

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

![Classification of Asthma Severity](chart)

- 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
  o Congestive heart failure (EF ≤ 50%)
  o Symptomatic peripheral vascular disease
  o Angina
• Pregnancy – there is no clear evidence indicating that pregnant women are more likely to have severe infection