Primary Care Follow-Up for COVID-19 Testing- April 10, 2020, 1100

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*Highlight denotes new content*

**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 7 days or 72 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.
o Antivirals and other medications (e.g. hydroxychloroquine) – currently there is not a role for these medications in the outpatient setting.
 o 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 7 days or 72 hours after resolution of fever and improvement in symptoms, whichever is longer.
  - If you have additional questions, please contact the COVID PerfectServe Provider (COVID-19 Provider Resource – Adult and COVID-19 Provider Resource – Pediatric)

Comorbid conditions with high risk for severe infection with suggested criteria

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

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity (Youths ≥12 years of age and adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
</tr>
<tr>
<td>Symptoms</td>
<td>&lt;2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>&lt;2x/month</td>
</tr>
<tr>
<td>Short-acting beta, agonist use for symptom control (not prevention of EIB)</td>
<td>&lt;2 days/week</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
</tr>
<tr>
<td>Lung function</td>
<td>Normal FEV1 between exacerbations</td>
</tr>
</tbody>
</table>

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 FEV1,
• Chronic lung disease
  o COPD with FEV1 or DLCO/VA ≤50% of predicted
  o Interstitial lung disease (for example, pulmonary fibrosis)
  o 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