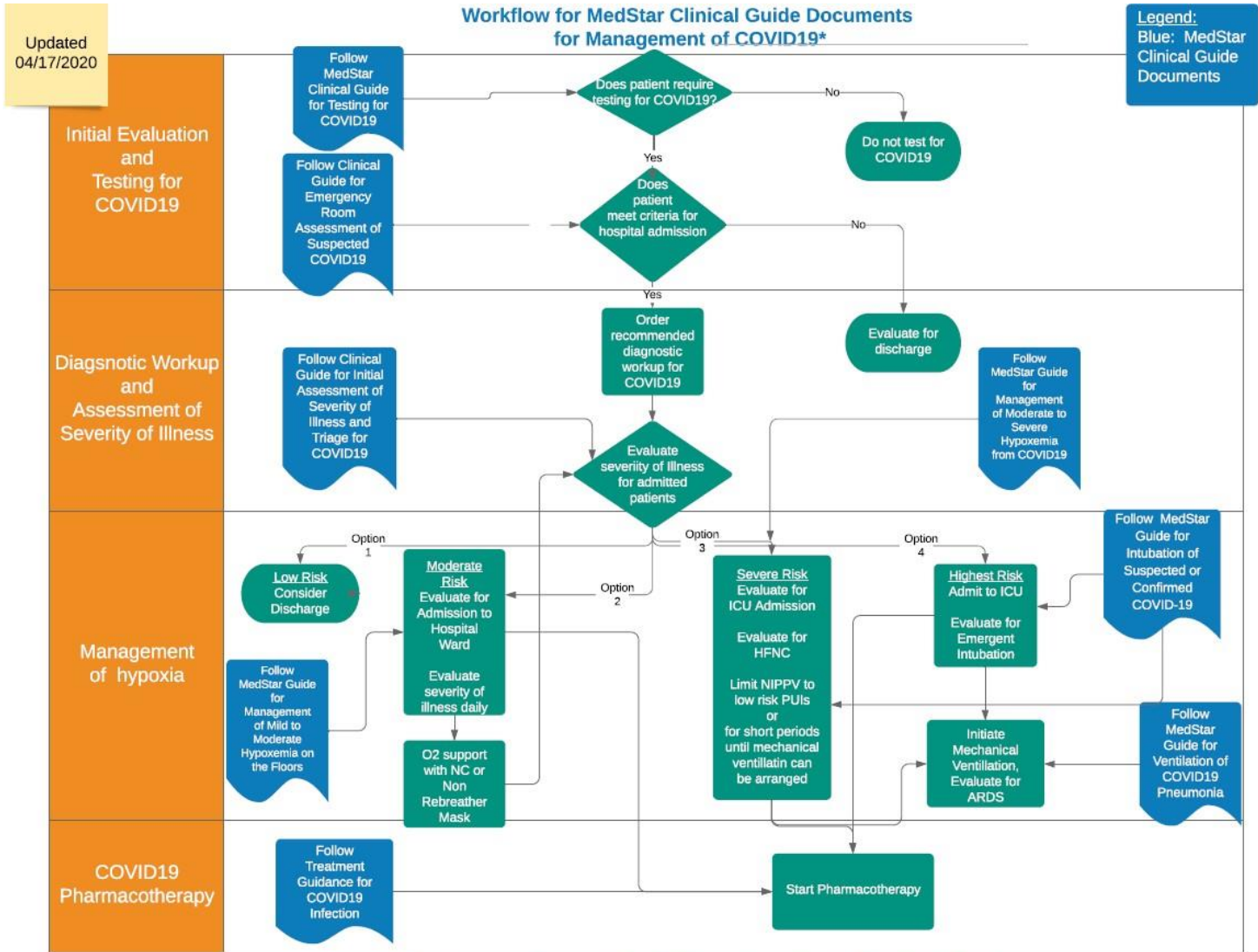
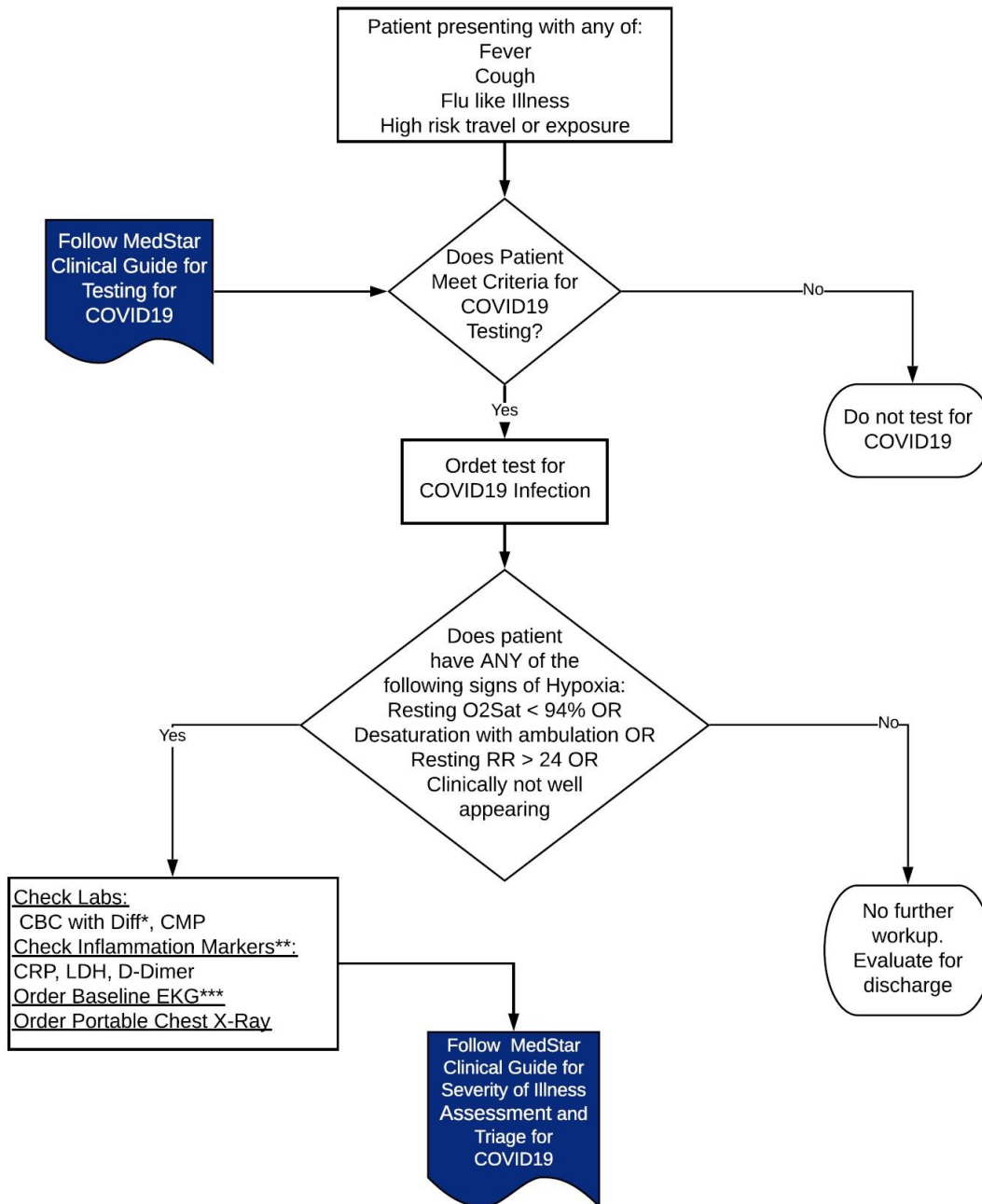


COVID-19



Updated
 04/17/2020

MedStar Clinical Guide for Initial Evaluation of Suspected COVID19



*Leukopenia associated with worse prognosis

**D-Dimer >1 associated with higher mortality in one study. Elevated or rising inflammatory markers can be markers of worse outcome. Late rising inflammatory markers may suggest secondary infection.

*** Evaluate baseline QTc for patients receiving Hydroxychloroquine and/or Azithromycin

COVID-19

For symptomatic patients: Use the following to determine if COVID-19 testing is indicated*:

At least two flu-like symptoms (Myalgias, Headache, Chills, Sore Throat)

OR Any One: Fever OR New/worsened cough/trouble breathing OR Sudden loss of taste/smell OR GI symptoms (in children)

**Asymptomatic Testing Guidelines are found on next page¹*

Testing Indicated

Test for COVID-19 (GREEN)

Patients requiring hospitalization

OR

Patients who could increase risk of community spread, including:

- Living in a group facility (shelter, nursing home, corrections facility, or other institution)
- Healthcare workers*, public safety workers (EMS, fire, police)
- DOH-designated essential employees (specific to state)³
- Receiving in-center treatment (dialysis, chemotherapy)

***Refer all non-hospitalized MedStar Health associates to Occupational Health (844) 354-3705 for testing.**

Testing MAY BE Indicated

Discretionary* Testing When Appropriate (YELLOW)

Test the following patients if it will help guide clinical management:

- Patients with worsening respiratory symptoms
- Patients under 1 or over 65 y/o
- Patients with underlying medical conditions (chronic lung disease, diabetes mellitus, immunosuppression, cardiovascular disease)
- Patients who are pregnant

***Self-quarantine can be advised as an equivalent measure if testing supplies are limited.**

Testing NOT Indicated

Do NOT Test for COVID-19 (RED)

When patient does not meet criteria for testing listed in GREEN, and clinician does not feel testing is warranted in the YELLOW zone to guide clinical care, and testing does not meet the Asymptomatic Testing guidelines then do NOT test.

Please provide verbal education to the patient and provide patient with the *Viral Respiratory Illness Home Care Instructions* document.

COVID-19

**Refer all MedStar Health Associates to Occupational Health
for COVID-19 Evaluation**

¹Asymptomatic Testing Guidance

The following patients without COVID-19 symptoms (i.e. non-PUIs or recovered PUIs) should undergo COVID testing. These categories have been approved by the MedStar Health Lab Prioritization Team.

- Psychiatric patients in the emergency department prior to admission to the psychiatric unit
- Hospitalized patients being admitted to an entity-based hospice unit
- Actively laboring patients being admitted to the Labor and Delivery unit
- Hospitalized patients planned to undergo dialysis on an entity dialysis unit
- Immunocompromised patients being admitted to the hospital
- Hospitalized patients being prepared for discharge to a skilled nursing facility or outpatient dialysis center (if required for discharge)
- Pre-operative patients undergoing evaluation and surgical planning
- Recovered COVID positive patients who are essential employees and require a negative a COVID-19 test result prior to returning to work
- Recovered COVID patients admitted within 30 days of last test
 - May be asymptomatic but consider PUI

For asymptomatic inpatients who are not PUIs, COVID-19 isolation is not required while results are pending.

For asymptomatic patients having pre-operative testing, patients should self-quarantine from testing until their surgery.

³List Of DOH Designated Essential Employees

Maryland DOH: <https://governor.maryland.gov/wp-content/uploads/2020/03/OLC-Interpretive-Guidance-COVID19-04.pdf>

Virginia DOH: <https://www.virginia.gov/coronavirus/business-operations/#855821>

DC DOH: <https://coronavirus.dc.gov/page/stay-home>

COVID-19

Scripts for Patients Tested/Not Tested for COVID-19 **Asymptomatic Patients (testing NOT indicated)**

Because you don't have any symptoms or risk factors for COVID-19, you don't meet CDC criteria to have a COVID-19 test today.

- If you have not had contact with a person known or suspected to have COVID-19, you do not have to self-quarantine.
- If you have had contact with a person known or suspected to have COVID-19, self-quarantine for 14 days from the time you had contact with that person. (***For MedStar Health associates, contact Occupational Health.***)

Make sure to wash your hands and keep your distance from anyone who is sick. Closely monitor your symptoms and stay away from other people if you start to feel sick. If you develop symptoms (fever, cough, shortness of breath), contact MedStar E-Visit (medstarhealth.org/eVisit) or your healthcare provider to determine if you should be seen for further evaluation.

Red/Yellow Zone – Patient for whom testing is NOT indicated

You do not meet current criteria for COVID-19 testing. However, we recommend that any patient with a fever and cough should take the same steps as all COVID-19 patients to recover from their illness and avoid infecting others. Most people with COVID-19 recover well without any significant issues and do not need to be hospitalized.

Because you are having symptoms and were not tested, it is recommended that you self-isolate at home for at least 7 days from the day your symptoms started. If you are still having symptoms at the end of 7 days, continue in-home isolation until 72 hours after your symptoms stop. If you need to go into public to visit a healthcare provider, wear a mask, practice social distancing and frequent hand washing. If your symptoms worsen (you develop difficulty breathing or persistent high fevers), return for re-evaluation or go to the nearest emergency department. *Note to Provider - Print the following discharge instructions (in MedConnect and Starport): Discharge Instructions for Patients with Symptoms Who Were Not Tested for COVID-19 (if suspicious for COVID-19); OR Viral Respiratory Illness Home Care Instructions (if not suspicious for COVID-19).*

Green/Yellow Zone – Patient for whom testing IS indicated

You need to have a test for COVID-19 today. We will take a sample with a swab in your nose and send it to a nearby lab for testing. The results will be back in approximately 5 days. Until the results are back, you should stay home and stay away from others (self-isolate). You will be contacted when your results return. How long you need to continue self-isolation depends on your test result:

- If your test result is negative, you should stay home until you do not have a fever or any respiratory symptoms for at least 24 hours (72 hours if you are a MedStar Health associate).
- If your test result is positive, you should stay home for at least 7 days from the day your symptoms started. If you are still having symptoms at the end of 7 days, continue in-home isolation until 72 hours after your symptoms stop (MedStar Health Associates should contact Occupation Health for return to work guidance)

If your symptoms worsen, such as developing difficulty breathing, return for re-evaluation or go to the nearest emergency department. *Note to Provider - Print the following discharge instructions (in MedConnect and Starport): Discharge Instructions for Patients Awaiting COVID-19 Testing.*

COVID-19

MedStar Clinical Guide for Assessment of Severity of Illness and Triage of Suspected or Confirmed COVID19

<p>Low Risk Group (Mild Disease)</p> <p>From ED - Consider discharge</p>	<ul style="list-style-type: none"> • Resting O2Sat > 94% and; • No desaturation with ambulation and; • RR < 24 and; • Clinically well appearing
<p>Moderate Risk Group (Moderate Disease)</p> <p>From ED – Evaluate for Admission</p> <p><i>Application of these suggested criteria should not override clinician gestalt for upfront ICU evaluation</i></p>	<p>Resting hypoxemia or Ambulatory desaturation OR Any 2 of the following:</p> <ul style="list-style-type: none"> • <u>C</u>onfusion/AMS • <u>U</u>nderlying conditions: DM, Immunosuppression, Severe Pulmonary Disease, CHF or Hypertension • <u>RR</u> > 25 • <u>BP</u>: SBP<90; DBP<60***(higher crystalloid needs)### • Age > 60
<p>Severe Risk Group (Severe Disease)</p> <p>From ED - consider evaluation for ICU admit OR Hospital Wards - consider eval for ICU admit <i>ICU eval for inpatient or ED boarding patients if:</i></p> <ul style="list-style-type: none"> • Increase in NC requirement by 50% in 12 hours or patient meets any of the above criteria • Increase in RR > 25 	<ul style="list-style-type: none"> • Hypoxemia requiring greater than 6L to maintain oxygen saturations greater than 94%¹ OR • PaO2/FiO2 ratio < 300 <p>OR</p> <p>3 or more of following:</p> <ul style="list-style-type: none"> • <u>C</u>onfusion/AMS • <u>U</u>nderlying conditions: DM, Immunosuppression, Severe Pulmonary Disease, CHF or Hypertension • <u>RR</u> > 25 • <u>BP</u>: SBP<90; DBP<60***(higher crystalloid needs)### • Age > 60
<p>Highest Risk Group (Severe Disease) - ICU Admission</p>	<ul style="list-style-type: none"> • Severe respiratory distress or WOB OR • PaO2/FiO2 ratio < 150 OR • Requiring 10LPM or greater

These criteria for admission use a “modified CURB-65 approach.”

***If initially hypotensive and no significant improvement with resuscitation, get ICU evaluation.

###Clinicians may consider initial resuscitation in the range of 20 ml/kg (rather than standard 30 ml/kg) given apparent importance of conservative fluid management and high resource consequences of progressive hypoxemia in COVID proven patients.^{1,2}

COVID-19

References:

1. WHO: Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim Guidance.
2. Murthy et al. Care of the Critically Ill Patients with COVID-19. JAMA 2020-03-11.
3. Zhou et al. Clinical course and Risk Factors for Mortality of Adult Inpatients with Covid-19 in Wuhan, China: a Retrospective Cohort Study. Lancet
[https://doi.org/10.1016/50140-6736\(20\)30566-3](https://doi.org/10.1016/50140-6736(20)30566-3)