

UAMS COVID EVALUATION Guidelines for Risk Stratification/Testing/Placement/Isolation

APRIL 28, 2020

Risk for COVID-19	Presentation	COVID-19 Testing ^{1,2}	Placement ³	Isolation
Normal Risk	NO clinical symptoms suggestive of COVID-19 AND NO risk factors	No	Normal Placement	Standard Precautions
Low Risk	Respiratory symptoms OR fever likely due to: - Non-infectious cause of respiratory symptoms (No leukopenia, no fever) - Non-respiratory infections - Respiratory infection other than COVID-19 (ie flu or known chronic lung infections)	Clinical Judgement	Normal Placement ⁴	IF NO respiratory symptoms AND NOT tested for COVID: Standard Precautions
				IF Respiratory symptoms OR tested for COVID: Droplet/Contact Precautions (Airborne Precautions for ICU placement and aerosolizing procedures ⁴)
Increased Risk	Clinical syndrome most consistent with COVID-19 (fever, cough, myalgias, shortness of breath, leukopenia, lymphopenia, abnormal CXR, anosmia, dysguesia) OR Significant COVID exposure (Home quarantine) ⁵ OR In a Congregate Setting in the last 14 days ⁶ OR History unobtainable ⁷	Yes	COVID-19 Unit Placement	Droplet/Contact Precautions with Eye Protection (Airborne Precautions for ICU placement and aerosolizing procedures ⁷)
Confirmed	COVID-19 confirmed by PCR testing	N/A	COVID-19 Unit Placement	Droplet/Contact Precautions with Eye Protection (Airborne Precautions for ICU placement and aerosolizing procedures ⁷)

1. For COVID-19 testing on patients being admitted or already admitted, call Pathology at 501-686-8857 to request in-house testing.
2. Patients who do not have an indication for hospitalization should be cared for at home with appropriate guidance regardless of risk for COVID-19. Provide home care sheet if appropriate.
3. If patient is on a Non-COVID-19 Unit when tested for COVID-19, patient should stay in current location on Contact and Droplet Isolation until the test result is available. Please call Pathology at 501-686-8857 to request in-house testing.
4. For suspected or confirmed COVID-19 patients: Airborne + Contact + Eye protection only for ICU placement or when performing aerosolizing procedures such as intubation, non-invasive ventilation, CPR/chest compressions, bronchoscopy, and open suction. Collecting nasopharyngeal swabs does not require airborne precautions.
5. A negative test does not stop quarantine early in these patients.
6. Congregate setting includes nursing homes, jails/prisons, homeless shelters, dorms, etc, and those who work/volunteer in those facilities.
7. Patient is unable to provide history (i.e. advanced dementia, encephalopathy, seizures, intoxication) AND no other reliable source of history available.

GUIDANCE FOR PATIENTS BEING TESTED FOR COVID-19 THAT REQUIRE HOSPITALIZATION

Suspected or Confirmed COVID-19:

Symptoms consistent with COVID-19: Fever, cough, myalgias, shortness of breath, leukopenia, lymphopenia, diarrhea, abnormal CXR, alterations in taste or smell

The patient will be followed by infection prevention.

Patients chart will be flagged as “COVID-19 Suspected” or “COVID-19 Confirmed”

CARE OF THE PATIENT BEING TESTED FOR COVID-19

Suspected or Confirmed COVID-19:

Visitors: Not allowed

Meal Tray: Any patient being tested for COVID-19 must have the “Disposables Only-Do Not Enter” option attached to their diet order. Meal trays should be delivered in Styrofoam and nutritional personnel should not enter room.

Transferring Patient: Patient must not be transferred unless ABSOLUTELY NECESSARY. Patient should be masked. Caregiver pushing bed should wear mask, gown, and gloves. Caregiver pushing wheelchair should wear a mask and gloves. There should be an additional caregiver directing traffic with a mask on (no gown or gloves) that will push elevator buttons etc. If there is concern that the patient may need care during transport (ie they are confused or unstable) – then a 3rd provider should accompany them, wearing gown + gloves + simple/surgical mask + eye protection.

Cleaning: Upon discharge/transfer door should remain closed and sit for one hour prior to cleaning. Please place a sign on the door that indicates when EVS can safely come in to clean the room. Standard cleaning products/protocols are appropriate. Special cleaning products not necessary.