

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

APRIL 7, 2020

Risk for COVID-19	Presentation	COVID-19 Testing ^{1,2}	Placement ³	Isolation ⁴
Normal Risk	No Clinical signs or symptoms consistent with COVID-19 infection such as fever, cough, myalgias, shortness of breath, leukopenia, lymphopenia, abnormal CXR, anosmia, aguesia	No	Normal Placement ⁴	Standard Precautions
Low Risk	Respiratory symptoms likely due to: - Non-infectious cause - Infection other than COVID-19 (ie flu or known chronic lung infections)	Clinical Judgement ⁵	If NOT tested for COVID-19: Normal Placement ⁴	Droplet/Contact Precautions
			If tested for COVID-19: COVID-19 Unit Placement (Please contact ADON on call) ⁶	Droplet/Contact Precautions with Eye Protection (Airborne precautions for aerosolizing procedures ⁷)
Increased Risk	Clinical signs or symptoms consistent with COVID-19 infection such as fever, cough, myalgias, shortness of breath, leukopenia, lymphopenia, abnormal CXR, anosmia, aguesia	Yes	COVID-19 Unit Placement (Please contact ADON on call) ⁶	Droplet/Contact Precautions with Eye Protection (Airborne precautions for aerosolizing procedures ⁷)
Confirmed	COVID-19 confirmed by PCR testing	N/A	COVID-19 Unit Placement (Please contact ADON on call)	Droplet/Contact Precautions with Eye Protection (Airborne precautions for aerosolizing procedures ⁷)

1. If patient is unable to provide history (advanced dementia, encephalopathy, seizures, intoxication...) consider testing for COVID-19.
2. For COVID-19 testing on patients to be admitted or already admitted, call Pathology at 501-686-8857 to request in-house testing for rapid turn-around.
3. 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.](#)
4. If patient currently under home quarantine (prior exposure or travel) and present for reasons other than symptoms consistent with viral infection, would place on Droplet/Contact isolation with airborne precautions for aerosolizing procedures and if needing admission, would admit to a COVID-19 Unit. Testing of these patients should be based on clinical judgment.
5. Considerations include: Known exposure to COVID-19 patient, recent out-of-state travel, healthcare workers, risk for disease progression (age ≥ 60 years, immunocompromised individuals (e.g., cancer, solid organ transplant, other immunosuppressive drugs, advanced HIV), heart disease, chronic lung disease, hemodialysis, pregnant women, and people living homeless or in congregant facilities such as dorms, fraternities, sororities, shelters, jail, prison, skilled nursing facilities, adult family homes).
6. If patient is on a Non-COVID-19 Unit when tested for COVID-19, patient should stay in current location until test results available. Call Pathology at 501-686-8857 to request in-house testing.
7. For suspected or confirmed COVID-19 patients: Airborne isolation only when performing aerosolizing procedures such as intubation, non-invasive ventilation, CPR/chest compressions, bronchoscopy, open suction and nasotracheal suction. Collecting nasopharyngeal swabs does not require airborne precautions.

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

Suspected or Confirmed COVID-19:

1. Symptoms consistent with COVID-19: Fever, cough, myalgias, shortness of breath, leukopenia, lymphopenia, abnormal CXR, anosmia, aguesia
2. The patient will be followed by infection prevention.
3. 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:

1. Inpatient Unit: Patients will be admitted/transferred to A7, A4, A5 or E4.
2. Isolation: Droplet + contact + eye protection (i.e. goggles, safety glasses, face shield)
 - a. Gown
 - b. Gloves
 - c. Eye Protection (i.e. goggles, safety glasses, face shield)
 - d. Surgical/Procedural Mask
 - e. N95 or CAPR (negative pressure room required) for aerosolizing procedures only
 - f. Negative Pressure: Patient should be placed in a negative pressure room if patient will require an aerosol generating procedure (Collecting nasopharyngeal swabs and updrafts with hepa filter do not require airborne precautions).
3. Visitors: Not allowed
4. 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.
5. 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 additional caregiver directing traffic with no PPE 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.
6. 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. Special cleaning products not necessary.