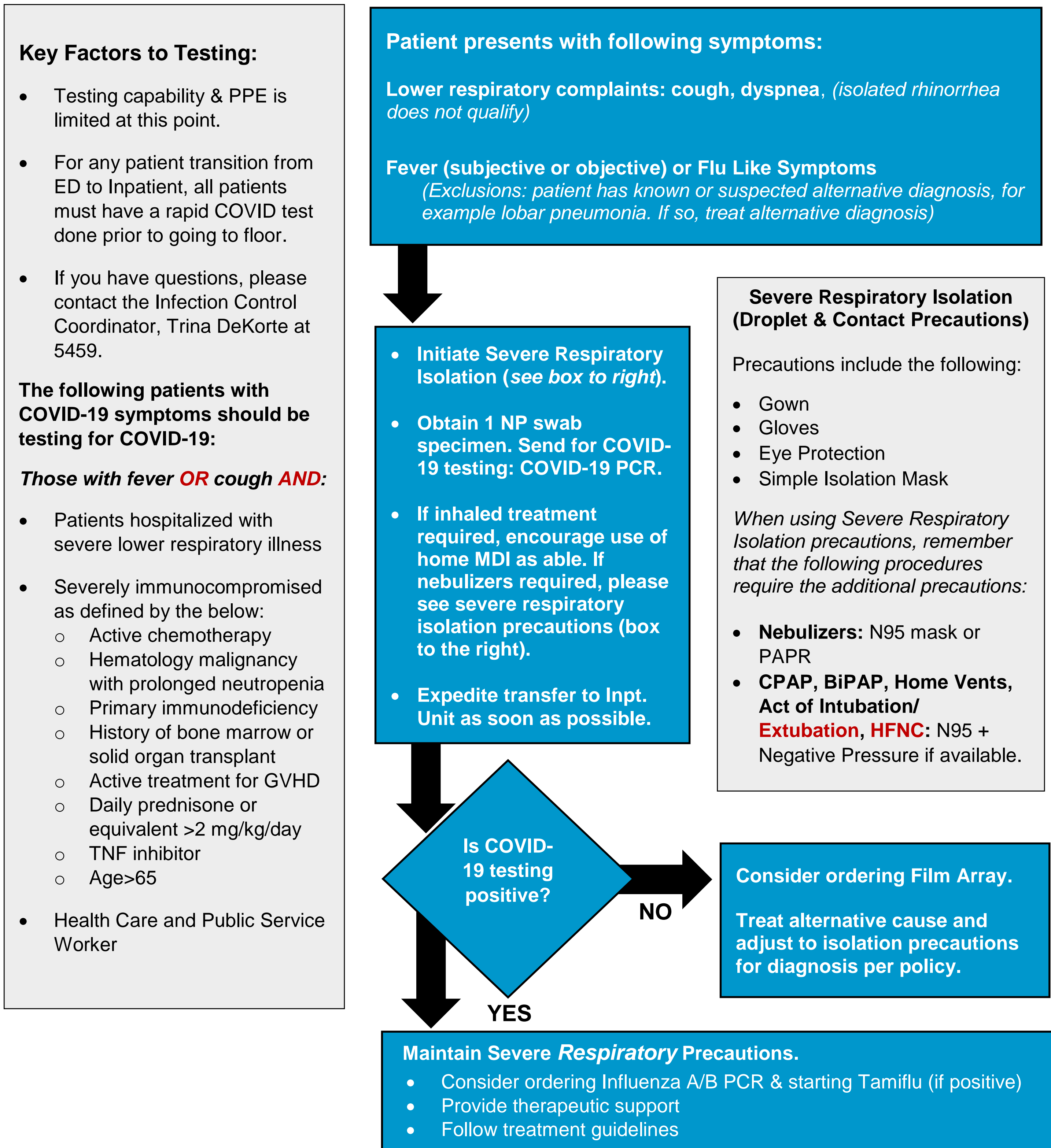
North Ottawa Community Health System

COVID-19 Med/Surg & ICU Inpatient Workflow

For inpatient adult patients who are showing symptoms of COVID-19, please utilize the following workflow to determine the need for COVID-19 testing:



Suspicion Criteria: *For patients admitted with respiratory symptoms + concern for COVID-19 disease BUT COVID-19 AND other viral testing is negative, please consider the following clinical presentation if maintaining a high clinical suspicion of COVID-19:*

SYMPTOMS		
Common Symptoms (>75% prevalence)	**Intermediate Symptoms** (15-40% prevalence)	**Uncommon Symptoms** (<5% prevalence)
• Fever (> or = to 38 degrees) present at any point during the admission • Cough	• Myalgias • Fatigue • Sputum production • Shortness of breath on admit • Septic Shock	• Nausea & Vomiting • Diarrhea • Hemoptysis • Nasal Congestion

LABORATORY FINDINGS	IMAGING FINDINGS
• **Absolute lymphopenia <1500 per mm3** (>80% prevalence) • Elevated LDH (40% prevalence) • Elevated CRP (severe disease) • Elevated D-dimer (severe disease) • NORMAL WBC count + Procalcitonin	• **Chest CT:** Approximately 85% of all patients with COVID19 have abnormal Chest CT scan, findings include local or bilateral patchy shadowing, ground glass opacities • **CXR:** Abnormal in patients with non-severe disease, sometimes consistent with multifocal PNA. In this patient population with negative testing, non-severe disease, and equivocal or negative chest XR, no contrast CT chest should be considered. • **Uncommon:** Pleural effusions and hilar adenopathy

CLINICAL GUIDANCE:
For patients with fever + cough + one or more of the above laboratory or imaging findings, maintain high suspicion of COVID-19. Keep patient in severe respiratory isolation and treat accordingly. Utilize positive or presumed positive COVID19 discharge instructions upon discharge

Source: New England Journal of Medicine Feb 28, 2020

Re-Testing Criteria: *Please use the following criteria to determine if retesting for COVID-19 should be considered. Note that testing accuracy is dependent upon appropriate technique of specimen collection. Sputum specimens could be considered for retesting.*

Status	Re-Testing Criteria
COVID **POSITIVE** Patients	NO retesting is indicated at this time. Infection Prevention should be consulted to determine if patient can be removed from severe respiratory isolation.
COVID **NEGATIVE Patients with significant Clinical Suspicion** (see above for clinical presentation guidelines)	*Retesting may be indicated with the following scenarios:* • **Respiratory Decline requiring increased Level of Care:** retesting may be considered to confirm etiology • **End of Life Situations:** retesting may be considered for the purposes of preserving PPE and/or directing PPE use within family visitation. • **Length of Stay:** retesting may be considered for the purpose of preserving PPE within a longer length of stay ○ Infection Prevention should be consulted in this scenario

Treatment Considerations for patients positive or presumed to be COVID-19 positive (as identified above):

- **PPE:** follow severe respiratory isolation precautions (**droplet & contact isolation**).

- **Caregiver Limitation:**
  - **RNs and RTs** should serve as primary care providers for direct patient care
  - **Physicians, APPs, Residents** should limit to 1-2 providers per shift
  - **Phlebotomists and Rehab** may provide essential direct patient care as needed
  - **All other team members** (care management, MSW, pharmacy, consulting services, and clinical students) should refrain from direct patient care (entering the room). Consider use of virtual or phone communication for subspecialty consults and/or patient & family communication.

- **Consolidate "Batch" Care:**
  - Minimize labs and consults as much as possible
  - Group and "batch" interventions to minimize direct patient contact throughout shift

- **Patient Placement:** placement should follow organizational protocols for cohorting until COVID-19 volumes surpass capacity of designated units
  - Hospital Supervisors may be contacted to help facilitate transfers between units as needed
  - Patients not being tested or treated

MEDSURG COVID Patient Placement	ICU COVID Patient Placement
Place COVID-19 suspected patients in **even numbered rooms** in MedSurg (start as a single patient room and move to double placement as needed).	Place COVID-19 suspected patients in Room numbers 38, 34, 35 and 37, beginning with room 38. Try and maintain two clean rooms.
If MedSurg even numbered rooms are filled, place patients in **odd numbered rooms**, and Incident Command will determine where to place clean patients from those rooms.	Room numbers 32 & 33 will remain clean unless those rooms are needed for Covid-19 suspected patients.
If all rooms are full, contact Incident Command, regarding opening the OPS & Endo Clinics for additional space. Should be done within 12 – 24 hours before opening if possible.	If all rooms are full, contact Incident Command, regarding opening Surgery & PACU for additional space. Should be done within 12 – 24 hours before opening if possible.

- **Visitor Movement:** Visitor restriction should continue as established. Visitors permitted on case by case basis. Approved visitors must limit movement to travel between the room and parking lot only. Visitors must wear a mask while en-route.