Figure 12.1: Algorithm for Evaluation and Treatment of Suspect COVID-19 Cases

Testing Algorithm
(See Diagnostic Testing Algorithm)

Symptomatic patient in isolation
PPE per CCHCS Policy Implemented

Vigilant Surveillance
Twice per day or more
(See Monitoring section above)

Need for HLOC
1) Appropriate PPE for transfer. Those engaged in vehicular transport should wear N-95
2) Notify accepting facility

COVID-19 Testing
ONLY OBTAINED

COVID-19 Results

COVID-19 CLINICAL CARE
Continue isolation and PPE per CCHCS policy
1) Supplemental O2 if SpO2 <92% (AVOID: high-flow nasal cannula)
2) CONTINUE ACEI/ARB (if on before infection)
3) Ibuprofen and/or acetaminophen as clinically appropriate (NSAIDS not contraindicated)
4) Bronchodilators by MDI PRN (AVOID nebulized medications if at all possible)
5) Incentive spirometry if available
6) Cautious IVFs

NOTE: STEROIDS AND HYDROXYCHLOROQUINE ARE NOT RECOMMENDED. (Continue oral or inhaled steroids if previously on before infected)
(See Treatment section for more information)

POSITIVE

NEGATIVE BUT CLINICAL SUSPICION FOR COVID-19 REMAINS
(Possible False Negative)

Retest

Consider labs/CXR for clinical clues:
1) CBC with diff (lymphopenia in COVID-19)
2) CRP (high in COVID-19)
3) Procalcitonin (low in COVID-19 until severe disease)
4) CXR: peripheral patchy multifocal opacities

NEGATIVE AND NOT CONCERNED FOR COVID-19

Continue Isolation if positive for influenza
Release from Isolation if negative for BOTH COVID-19 AND Influenza
Treat as clinically indicated

COVID-19 CLINICAL CARE
Continue isolation and PPE per CCHCS policy

NEGATIVE

Release from Isolation when criteria met per CCHCS policy
(See Release from Isolation algorithm)


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