YNHH EMERGENCY DEPARTMENT
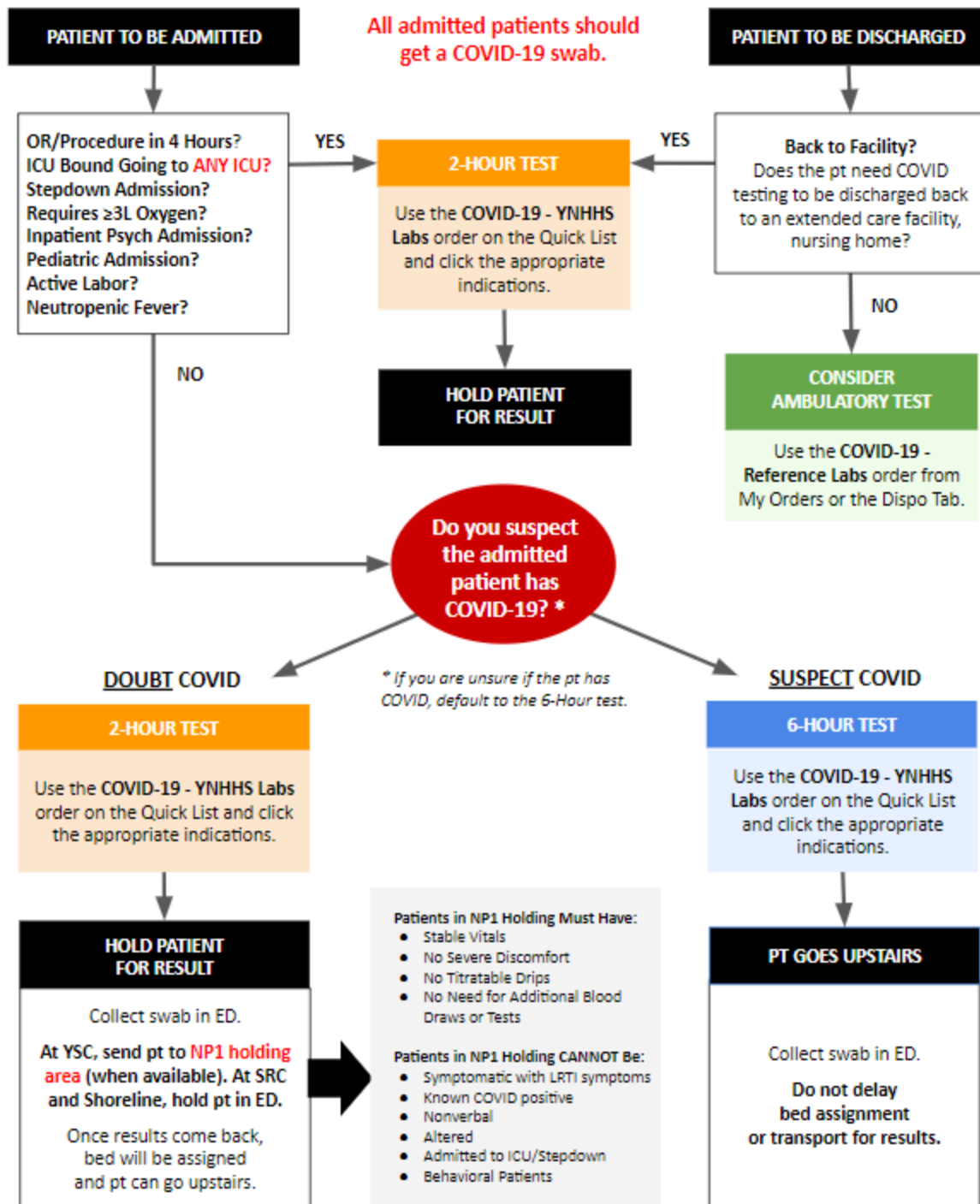# COVID-19 TESTING GUIDELINES

Updated 5/5/20

Starting April 24th, we are expanding COVID-19 testing to <u>ALL</u> admitted patients in the ED. This will allow bed management to appropriately cohort admitted patients to reduce transmission risk for patients and staff. While we are heartened by our ability to expand testing for our patients, we are still limited in the number of 2-hour tests versus 6-hour tests. As a result, we developed new testing criteria that: 1) conserves our 2-hour tests for patients who would benefit most from expedited results; 2) identifies COVID positive and negative patients to reduce transmission risk; and 3) enhances patient flow in the ED and throughout the hospital.

HIGH LEVEL SUMMARY

> Only order the **6-HOUR test** on FLOOR admissions with suspected COVID-19 (**"FLOOR PUI"** admissions). You can send these patients upstairs without waiting for results.
> **EVERYONE ELSE** in the ED who needs testing should get a **2-HOUR test** and be held for results.

ED COVID-19 TESTING ALGORITHM

PATIENT TO BE ADMITTED

All admitted patients should get a COVID-19 swab.

PATIENT TO BE DISCHARGED

OR/Procedure in 4 Hours?
ICU Bound Going to ANY ICU?
Stepdown Admission?
Requires ≥3L Oxygen?
Inpatient Psych Admission?
Pediatric Admission?
Active Labor?
Neutropenic Fever?

YES

2-HOUR TEST

Use the COVID-19 - YNHHS Labs order on the Quick List and click the appropriate indications.

YES

Back to Facility?
Does the pt need COVID testing to be discharged back to an extended care facility, nursing home?

NO

HOLD PATIENT FOR RESULT

NO

CONSIDER AMBULATORY TEST

Use the COVID-19 - Reference Labs order from My Orders or the Dispo Tab.

Do you suspect the admitted patient has COVID-19? *

DOUBT COVID

* If you are unsure if the pt has COVID, default to the 6-Hour test.

SUSPECT COVID

2-HOUR TEST

Use the COVID-19 - YNHHS Labs order on the Quick List and click the appropriate indications.

6-HOUR TEST

Use the COVID-19 - YNHHS Labs order on the Quick List and click the appropriate indications.

HOLD PATIENT FOR RESULT

Collect swab in ED.

At YSC, send pt to NP1 holding area (when available). At SRC and Shoreline, hold pt in ED.

Once results come back, bed will be assigned and pt can go upstairs.

Patients in NP1 Holding Must Have:
- Stable Vitals
- No Severe Discomfort
- No Titratable Drips
- No Need for Additional Blood Draws or Tests

Patients in NP1 Holding CANNOT Be:
- Symptomatic with LRTI symptoms
- Known COVID positive
- Nonverbal
- Altered
- Admitted to ICU/Stepdown
- Behavioral Patients

PT GOES UPSTAIRS

Collect swab in ED.

Do not delay bed assignment or transport for results.

Who Should Receive COVID-19 Testing in the ED?

- **<u>ALL</u> admitted patients.** This includes both respiratory and non-respiratory patients, as well as patients admitted to hospitalist and non-hospitalist services. **You do not need to wait until the admission order is placed to obtain the COVID-19 swab.** Once the decision is made to admit, place the COVID-19 PCR - <u>YNHHS</u> Labs order from the Quick List and collect the swab.
- **<u>SOME</u> discharged patients.** Order a COVID-19 test if: 1) you can spare an admission by enabling safe discharge back to an extended care facility; or 2) you have high suspicion that the discharged patient has COVID.

How Should I Order Testing for ED Patients I Plan to Discharge?

- **If you are attempting to spare an admission and send the patient back to an extended care facility, order the 2-HOUR test by clicking the ED to Facility button on the COVID-19 PCR - <u>YNHHS</u> Labs order from the ED Quick List or My Orders tab:**

- **For all other ED discharges, order the AMBULATORY test by placing the COVID-19 PCR - <u>Reference</u> Labs order from the Dispo Tab. Feel free to order the ambulatory test on any discharged ED patient that you believe has COVID.**

How Should I Order Testing for ED Patients I Plan to Admit?

- **STEP ONE: Order the COVID test <u>from the ED Quick List</u>. The correct order is "COVID-19 PCR - <u>YNHHS</u> Labs."** It is NOT the "COVID-19 Clearance or Disposition" order. Ask yourself:
  1. Does the admitted patient have a special indication?
  2. Do I suspect the patient has COVID-19?

- **STEP TWO: If the patient has any of the special indications below, select the appropriate button to trigger the 2-HOUR test.**
  - OR or Procedure within 4 Hours
  - ICU/SDU Admission Going to **ANY** ICU
  - Requires ≥ 3 Liters of Oxygen
  - Inpatient Psych Admission
  - Pediatric Admission
  - Neutropenic Fever or Active Labor

- **STEP THREE: If the admitted patient does NOT have any of the special indications, select Other/None.** A second question will appear that asks if you suspect COVID-19.
  - If you **DOUBT** the admitted patient has COVID, select **NO** to trigger the **2-HOUR test.**
  - If you **SUSPECT** the admitted patient has COVID, select **YES** to trigger the **6-HOUR test.**

- **STEP FOUR: When you place the ED admission order, indicate whether you are concerned for COVID-19 for this patient.** Select "YES" if based on your clinical judgement you feel that the patient should be placed in a COVID rule-out area, regardless of initial COVID test results. Your answer will help Bed Management make the correct bed assignment. This replaces the "did you order a rapid test?" question that we were using previously.

Do I Hold the Admitted Patient to Wait for Results?

- **YES, if you ordered the 2-HOUR test.**
  - At YSC, there will be a holding area in NP1 for these patients. If this area is unavailable, please hold these patients in the ED.
  - At all other ED sites, please hold these patients in the ED. Once the test results, assign the bed and transport the patient upstairs.
- **NO, if you ordered the 6-HOUR test.**
  - DO NOT delay bed assignment or transport upstairs to wait for test results.

At YSC, Which Patients Do I Send to the NP1 Holding Area?

- **The NP1 Holding Area is a "clean" non-COVID area. Only send admitted ED patients who are: 1) non-COVID with no LRTI symptoms; 2) waiting for a 2-HOUR test OR have a known negative COVID test result**; 3) are well-appearing and stable without distress; and 4) do not require further workup or significant management.
- **Patients in NP1 Holding Must Have:**
  - Stable Vitals
  - No Severe Discomfort
  - No Titratable Drips
  - No Need for Additional Blood Draws or Tests
- **Patients in NP1 Holding CANNOT Be:**
  - Symptomatic with LRTI symptoms
  - Known COVID Positive
  - Nonverbal or Altered
  - Behavioral Patients

What if I'm Asked to Re-Swab an Admitted ED Patient?

- **You should re-swab admitted patients if:**
  - They had a previously *negative* test at any time, regardless of your suspicion for COVID. This means all admitted patients with previously negative COVID swabs should get a repeat swab.
  - They had a previously *positive* test but it was performed >14 days ago and/or the patient has new onset of COVID-19 symptoms and is acutely ill.
- **You should NOT re-swab the same patient during the same ED visit.**

What if I'm Convinced a Patient has COVID but the 6-Hour Test Comes Back Negative?

- **Your clinical suspicion for COVID supersedes a negative COVID test result.** For instance, if you order a 6-HOUR test on an admitted patient that you believe has COVID, but it comes back negative before the patient goes upstairs, the patient should still go to a COVID floor.
- **In other words, PUI patients (that you suspect have COVID-19) should still go to COVID floors even with a negative COVID test.**

How Do I Collect the COVID-19 Swab?

- Please follow the guidance below to ensure that you safely collect and transport an adequate sample. Please remember to **swab both nares** and **hand deliver** the sample.

YNHH Virology **COVID-19** Collection **Swabs**
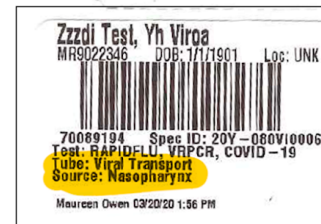#### [If lower respiratory tract disease, **sputum** preferred]

COVID-19 plus Rapid Flu and/or Respiratory Virus PCR will combine onto one NP collection label when ordered at the same time. **DO NOT** collect separate samples for each test. Use the **add-on** function if orders are not placed at the same time.

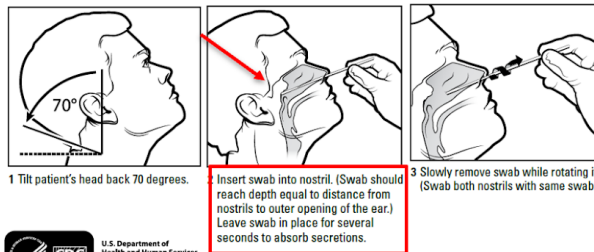**Obtain both NP and OP swabs for COVID-19 only** if both swabs are in the kit

If only NP swab, collect NP

Rigid shaft **regular tip** flocked swab is intended for the **throat**

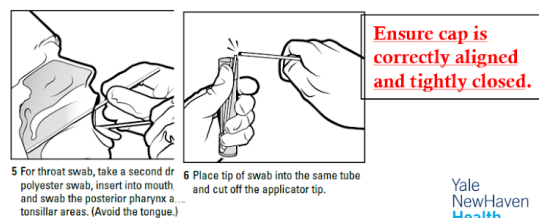Flexible shaft **mini-tip** flocked swab is intended for the **nasopharynx**

Zzzdi Test, Yh Viroa
MR9022346   DOB: 1/1/1901   Loc: UNK
70089194   Spec ID: 20V−080VI0006
Test: RAPIDFLU, VRPCR, COVID−19
Tube: Viral Transport
Source: Nasopharynx
Maureen Owen 03/20/20 1:56 PM

Nasopharynx (NP) Specimen Collection Procedure

1 Tilt patient's head back 70 degrees.

2 Insert swab into nostril. (Swab should reach depth equal to distance from nostrils to outer opening of the ear.) Leave swab in place for several seconds to absorb secretions.

3 Slowly remove swab while rotating it. (Swab both nostrils with same swab.)

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Throat (OP) Specimen Collection Procedure

5 For throat swab, take a second dr polyester swab, insert into mouth and swab the posterior pharynx a tonsillar areas. (Avoid the tongue.)

6 Place tip of swab into the same tube and cut off the applicator tip.

Ensure cap is correctly aligned and tightly closed.

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How are We Testing ED Patients in the Chest Pain Center (CPC)?

- **You do not need to order a COVID test to place a patient in the Chest Pain Center (CPC). Patients should be sent to the CPC if you are evaluating their chest pain as a symptom of ACS, not COVID.** Remember that CPC patients should (by definition) be well-appearing patients who you DOUBT have COVID-19, and are therefore non-PUI. If it turns out that the patient needs to be admitted after their workup in CPC, the 2-HOUR test should be ordered from the CPC.

How are We Testing Psychiatric or Behavioral ED Patients?

- **Psych Patients in the Main ED**
  - **If You Suspect COVID:** Psych patients who present to the main ED with fever, cough or SOB should be **held in the main ED for COVID testing** before placement in the CIU/BCU.
  - **If You Doubt COVID:** Psych patients who present to the main ED without symptoms concerning for COVID can go directly to the CIU/BCU **without COVID testing.**
- **Psych Patients in CIU/BCU**
  - CIU/BCU patients who develop fever, cough or SOB should be "bumped out" to the main ED **and stay there** for COVID testing and evaluation by the main ED team.
    - COVID-19 positive patients who require admission should go to the Medicine floor and be followed by Psychiatry consult service.
    - COVID-19 negative patients should be returned to the CIU/BCU for monitoring.
- **Patients Admitted to Inpatient Psychiatry Service**
  - If Psychiatry decides to admit a patient to the inpatient Psychiatry service, and you doubt the patient has COVID, the patient should be sent to the main ED for **swabbing only**, then return to the CIU/BCU/Fitkin to await the result.