COVID-19 Inpatient Testing Pathway

Has patient been tested for COVID-19?
- Yes → See COVID-19 Inpatient Management Pathway
- No →

Is patient symptomatic?
- Yes → Order the following tests (if not already ordered)
  - COVID-19 RNA - SARS CoV-2 (preferred test for diagnosis) with enhanced precautions
  - CBC w/diff
  - CMP
  - CRP
  - Blood cultures
  - Respiratory culture
  - EKG
  - D-dimer
  - Chest x-ray
  - LDH
  - Ferritin
  - Procalcitonin
  - Lactate
  - ABG or VBG (if concern for respiratory failure)
  - Serum HCG
  - UA/Amine culture (if urinary symptoms)
  - Urine sodium, urea creatinine and urine protein
  - Troponin
  - Pneumocystis DFA (for immunocompromised patients)
  - Hepatitis serologies (for interpretation of LFTs)
  - HIV 1/2 Ab/Ag Screen
  - Urine legionella antigen
  - Urine Streptococcus pneumoniae Antigen

Consider:
- CBC w/diff
- CMP
- CRP
- Blood cultures
- Respiratory culture
- EKG
- D-dimer
- Chest x-ray
  - Note: *Chest CT not Recommended* for screening or diagnosis of COVID-19, per the American College of Radiology.

Additional testing as appropriate (for baseline data and prognostication):
- LDH
- Ferritin
- Procalcitonin
- Lactate
- ABG or VBG (if concern for respiratory failure)
- Serum HCG
- UA/Amine culture (if urinary symptoms)
- Urine sodium, urea creatinine and urine protein (reference)
- Troponin
- Pneumocystis DFA (for immunocompromised patients)
- Hepatitis serologies (for interpretation of LFTs)
- HIV 1/2 Ab/Ag Screen
- Urine legionella antigen
- Urine Streptococcus pneumoniae Antigen

Order: COVID-19 RNA - SARS CoV-2 (preferred test for diagnosis) with enhanced precautions
- Perform all sample collection/testing for COVID-19 with Enhanced Airborne Precautions with the door closed.
- Maintain Enhanced Airborne Precautions for appropriate time, then return to enhanced precautions or universal masking as appropriate.
- PPE Recommendations
- Coinfections are uncommon, though new reports of rhinovirus co-infection and influenza infection are increasing as coinfection does not rule out COVID-19
- Sensitivity of test

If patient refuses testing: maintain enhanced droplet precautions. Bed placement on COVID unit (if applicable).

What to do if patient refuses COVID testing
- Yes →
  - Exposure/close contact with a COVID-positive person, OR
  - Experiencing homelessness, OR
  - Resides in congregate setting (e.g. jail, shelter, nursing home, LTACH)

No → See COVID-19 Inpatient Management Pathway

Was COVID Test Positive?
- Yes, (+) Positive →
  - Place or maintain enhanced droplet precautions, unless aerosol-generating procedure
  - Proceed with normal care
- No, (-) Negative →
  - No transfer necessary
  - Change to or continue universal masking precautions
  - Proceed with normal care

Transfer to a COVID unit (if available)

Bed Placement
- If non-immunocompromised: Place in COVID unit (if applicable), OR
- If immunocompromised: Place in non-COVID unit with negative airflow (if applicable), OR
- If applicable, see PACU/Post-Procedural Patient Placement

See COVID-19 Inpatient Management Pathway