COVID-19 Guidelines for Retesting After Negative Results 8/25/2020 **Inpatient Process** NO Does high clinical **Negative COVID-19** Admit to appropriate suspicion of resulted non-COVID unit COVID-19 remain? Yes **Consult Infectious** Disease (ID) NO Patient transferred to Did ID approve **COVID Precautions** appropriate non-COVID discontinued retest? unit Yes Is Inpatient COVID Yes NO unit open at facility? * Lab order = 2019 Novel Keep patient in current **Keep in COVID unit as** unit with COVID Coronavirus SAR-CoV-2 by PUI precautions PCR (24-48 hour, In-House) test - LAB 4535 Retest ordered via Retest ordered via inhouse * inhouse * Of Note: This process is applicable to any patient population. **COVID Antibody test COVID Antibody test** The populations who are ordered in conjunction ordered in conjunction considered High Risk = with retest with retest All congregate living situations, e.g. nursing **Dept Charge Nurse** homes, jails, prisons, dorms, coordinates with **Nursing Leadership for** detention centers, **Outpatient Process** placement treatment centers, etc. ¹High Clinical Suspicion: **Negative COVID-19** Concerning history/clinical presentation - Persistent fevers and respiratory symptoms Abnormal labs: - Lymphocyte < 0.8K/uL - Ferritin >500ng/mL - CRP > 10mg/dL - D-dimer >1ug/mL FEU

Patient remains symptomatic for 72 hours with high clinical suspicion of COVID-19 and no other diagnosis to explain symptoms

Retest for COVID-19

Author: Infection Prevention Med Tech Spec

- Imaging with stereotypical pattern:
 - CT: Multi-lobar bilateral ground glass opacities
 - CXR: Bilateral lung infiltrates

Acute Respiratory Distress Syndrome (ARDS) Septic Shock without alternate source

Multi-organ failure without alternate source