

Suggested Adult Ambulatory Screening and Triage of Suspected of COVID-19 in Community Practices



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When patient calls practice due to illness:

- Perform basic symptom check
 - Fever, new cough, new shortness of breath
- Assess possible COVID-19 exposure risk
 - Close contact with person with suspected or confirmed COVID-19
 - Travel to/from [high risk areas](#) within last 14 days

Assess symptoms, risk factors, and severity of illness

- Verify any clinical manifestations and ask for additional symptoms
 - Fever may be subjective or confirmed
 - Upper respiratory symptoms, sore throat
 - Myalgias, fatigue
 - Gastrointestinal symptoms
 - Loss of smell or taste
- Assess risk factors for severe illness
 - Age > 65 years
 - Smoking tobacco or vaping
 - Chronic lung, cardiovascular or kidney disease
 - Including asthma and hypertension
 - Diabetes mellitus
 - Immunocompromising conditions
 - Obesity
- Assess severity of illness

- Abnormal vital signs, dyspnea or cyanosis
- If patient requires ED, instruct patient and phone ahead to ED
- If safe to manage as outpatient, refer to the following table regarding testing:

Table 1. COVID-19 Testing Recommendations

Clinical Features	Risk factors?	More serious illness	COVID-19 Testing?
Asymptomatic	+/-	NA	No
Symptoms of acute respiratory infection, such as fever ¹ , new cough, new shortness of breath, etc. ²	None	NO	Clinical judgement required. Mildly ill persons or those with primarily upper respiratory symptoms do not need to be tested but should be advised to self-isolate and call PCP if symptoms worsen.
	Special populations ³	+/-	Yes
	Any of the following within the past 14 days of symptom onset: <ul style="list-style-type: none"> Travel to affected area⁴ or cruise ship Close contact⁵ to confirmed COVID-19 case 	+/-	Yes
	+/-	YES	Yes

Notes:

1. Fever may be subjective or confirmed. Patients with documented fever with a possible alternative source can be tested for COVID-19 if they are being admitted.
2. Patients with new, atypical symptoms (predominantly upper respiratory symptoms, loss of smell or taste, severe myalgias) can be considered for testing if they have known contact to a COVID-19 case or other significant risk factor and are being admitted or are a healthcare worker. Patients with new, isolated GI symptoms can be considered for testing if an alternative diagnosis is not identified; however, sensitivity of

NP samples in this scenario is unknown.

3. Special populations: **Older adults** (age ≥ 65 years), **individuals with chronic medical conditions** (e.g., diabetes, chronic heart, lung or kidney disease), **immunocompromised individuals** (e.g., cancer, solid organ transplant, other immunosuppressant drugs, advanced HIV), **people living homeless or in congregant facilities** (e.g., dorms, shelters, jail/prison, skilled nursing facilities), and **symptomatic health care workers**.

4. For additional information see: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

5. Close contact: Defined as (a) being within approximately 6 feet, or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment (PPE); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case.- or - (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Re-testing Guidance

Most patients will need only one test. The sensitivity of PCR-based testing is generally very high, assuming a good sample was obtained. Patients' viral loads in the nasopharynx around the time of symptom onset have been shown to be 100-10,000 times higher than the detection limits of the tests currently being used at ChristianaCare. For that reason, retesting is not recommended other than in the limited situations in Table 2. A patient that the provider highly suspects has COVID-19 (based on risk factors and/or symptoms) but whose test is negative, should be managed as a COVID-19+ patient in terms of self-isolation without retesting, unless symptoms become severe.

Table 2. Retesting Recommendations

Patient status	Situation	Re-test?
Initial test negative	<i>1st test done early in disease course; symptoms have progressed</i>	<i>Yes, ideally at least 48 hours after 1st test</i>
	<i>1st test done early in disease course, symptoms unchanged or improving</i>	No
	<i>1st test done when patient has significant illness (fever, cough, and/or shortness of breath)</i>	No

Patient Home Isolation:

- Patients who have clinical syndromes consistent with COVID-19, but who are not tested, should follow the guidance as for a COVID-19 positive patient below.
- Patients who are tested:
 - Patients should be advised to self-isolate while their COVID-19 test is pending.
 - All patients should be provided education.
 - Clinicians will be notified of test results, per usual protocol.
- For patients whose tests are positive:
 - Home isolation may be discontinued when:
 - At least 3 days have passed since recovery (defined as resolution of fever without use of fever-lowering medications AND improvement in respiratory symptoms), AND
 - At least 10 days have passed since symptoms first appeared.
 - After discontinuing home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to work for an additional 4 days (total of 7 days without symptoms). They may return to work after this 7-day period.
 - Please note that requirements for infected healthcare personnel are more stringent and the person's employer and/or DPH should be consulted.
- For patients whose tests are negative:
 - For those with a known exposure to a confirmed COVID-19 case, quarantine for 14 days from last date of exposure is required per DPH.
 - For those without a known exposure and who are asymptomatic, self-isolation can be discontinued. Continue social distancing.
 - For those without a known exposure and who remain symptomatic, maintain home isolation and social distancing until 3 days have passed without fever (without use of fever-lowering medications) and respiratory symptoms are improving.

For more information, see [DPH Patient Instructions After Testing](#).