

Stage 0. Patient has signs/symptoms of COVID-19:

1. Clinical or radiological evidence of pneumonia **OR**
2. Acute respiratory distress syndrome **OR**
3. Influenza-like illness: Fever ≥ 37.8 and ≥ 1 of: new cough, hoarseness, congestion, breathlessness, sore throat, wheeze, sneezing **OR**
4. New respiratory symptoms or fever *without another cause* or worsening of pre-existing respiratory condition

If discharge considered safe, there is no need to test for COVID-19. Offer advice on analgesia, self-isolation and to seek advice if worse. Consider if oral antibiotics required.

Admission
required

Baseline COVID-19 Assessment

Infection prevention and control (IPC) – See COVID-19 guidance on the LTHT intranet

1. Source isolate in side room/cohort area and wear appropriate PPE
2. Follow document 'management of adult patients with suspected COVID-19'
3. Send COVID-19 PCR test
 - Sputum is the preferred sample
 - Correctly taken nose and throat swab (pink e-swab) is an alternative. See 'Sampling and pathology labelling guidance for COVID-19'

1st TEST - COVID-19 PCR positive

Move to COVID-19 ward or COVID-19 cohort area

1st TEST - COVID-19 PCR negative

Is the negative result consistent with clinical expectation?

If **YES** - move patient to non-COVID area/ward

If **NO** – please complete COVID-19 reassessment

COVID-19 Re-assessment

Please note – a negative COVID-19 PCR does not exclude COVID-19 if nose/throat swab was taken inadequately or late in disease. Clinical correlation is required.

If negative PCR but COVID-19 still suspected:

1. Continue source isolation/cohorting and use COVID-19 PPE
2. Send repeat test - sputum for COVID-19 PCR or repeat nose and throat swab (pink e-swab) correctly taken. See 'sampling and pathology labelling guidance for COVID-19'
3. Review the history, examination, microbiology results and radiological evidence for COVID-19

2nd TEST - COVID-19 PCR positive

Move to COVID-19 ward or COVID-19 cohort area

2nd TEST - COVID-19 PCR negative

Is the negative result consistent with clinical expectation?

If **YES** – move patient to non-COVID area/ward

If **NO** –

1. **Is radiology consistent with COVID-19?** CXR infiltrates, CT patchy ground glass change, other aetiology unlikely (e.g. PCP, interstitial lung disease etc.)
2. **Are symptoms and blood results consistent with COVID?** Have alternative diagnoses been ruled out?

If answers to 1 and 2 are **YES**, consider **CLINICAL DIAGNOSIS of COVID-19**

- Clinically suspected but unconfirmed - consider call ID/ Resp for alternative diagnosis patient remains isolated in side room on "cold ward" until discharge.
- If identified as part of and LTHT outbreak/cluster, please discuss with Consultant Microbiologist on call for Infection Prevention Control

Repeat PCR testing for known COVID-19 positive cases

- Most COVID-19 patients do not require repeat testing to confirm clearance of the virus
- Criteria for discharge testing is listed on the 'PPE step-down guidance'
- A single COVID-19 PCR viral swab should be sent if repeat testing is indicated