ACNW COVID-19 Screening
Ambulatory Care

This pathway is intended as a guide for staff/providers and is not intended to replace clinical judgement.

**Symptoms (Patients or Accompanying Adult):**
- Acute onset of any of the following symptoms:
  - Fever and/or chills
  - Cough
  - Sore throat
  - New loss of taste or smell
  - Nausea, vomiting, or diarrhea
  - Muscle or body aches (not explained by exercise or activity)
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Headache
  - Congestion or runny nose

**Exposure (Patient or Accompanying Adult):**
Close contact with person with laboratory-confirmed COVID-19 or person under investigation for COVID-19 in the past 14 days

**Recently Tested (Patient or Accompanying Adult):**
In the past 30 days, have you tested positive for COVID-19 or do you currently have a COVID-19 test pending?

**Sick Visit ONLY**
- Place standard isolation mask on patient and family
- Place in private room with door closed if negative pressure room unavailable
- Provider to ensure patient is stable for clinic visit
- Limit number of staff taking care of patient
- Place patient on Special Respiratory Enhanced Contact Isolation (see yellow PPE box)
- Consider telemedicine visit if screens positive

**Well Child Visit**
(click here)

**Testing Requested**

**Go to COVID-19 Testing Guidance for Ambulatory Care**

**Special Respiratory Enhanced Contact Personal Protective Equipment (PPE)**
- Standard isolation mask for routine care
- N-95 mask (FIT test required) or CAPR (MAXAIR PAPR) for aerosol-generating procedures
- N-95 mask for collecting specimen to rule out COVID
- Eye protection
- Gown
- Gloves

**Caregiver Positive Screen**
If caregiver/family member screens positive, refer them to their Primary Care Provider
**OR**
If caregiver is unstable, follow normal escalation procedure, including proper isolation.

**Proceed as normal**
Provide mask for patients and visitors

*If pt. UNSTABLE call ED team leader for transfer to ED*
**ACNW COVID-19 Scheduling of Well-Child/Follow-Up Visits**

### EXPOSURE

- **Patient or accompanying adult has been exposed¹ to someone who tested positive for COVID-19 in the past 14 days (AND HAVE NOT TESTED POSITIVE)**
  - **YES**
    - Person(s) exposed is up to date* on COVID-19 vaccinations?
      - **YES (both are up to date)**
        - No restriction**
      - **NO (one or none are up to date)**
        - Non-household contact: Reschedule in 10 days²
        - Household contact: Reschedule in 20 days²
  - **NO**
    - Reschedule in 10 days²

### POSITIVE

- **Patient or accompanying adult has tested positive for COVID-19 in the past 20 days**
  - **Accompanying Adult Positive**
    - **Patient Positive**
      - **YES**
        - Patient is immunocompromised OR was hospitalized due to COVID-19 infection
      - **NO**
        - PATIENT is up-to-date* on COVID-19 vaccines: Reschedule in 10 days²
        - PATIENT is NOT up-to-date* on COVID-19 vaccines or unknown vaccine status: Reschedule in 20 days²
  - **NO**
    - ACCOMPANYING ADULT is up-to-date* on COVID-19 vaccines: Reschedule in 10 days²
    - ACCOMPANYING ADULT is NOT up-to-date* on COVID-19 vaccines or unknown vaccine status: Reschedule in 20 days²

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* Up to date = A person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

** Provided both patient and accompanying adult are without COVID-19 symptoms

¹Date of exposure = Day 0

²From positive individual’s date of symptom onset (= day 0) or if asymptomatic infection, from date of positive test (= day 0) provided (a) at least 24 hours have passed since resolution of fever without use of fever-reducers, and (b) resolution or improvement in symptoms
### Clinical Features

<table>
<thead>
<tr>
<th></th>
<th>Flu Testing</th>
<th>RPP Testing</th>
<th>COVID-19 Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic – No exposure Discharging from ED</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Asymptomatic + Admission to Facility</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Asymptomatic &amp; exposure (at least 5 days after exposure)</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Symptoms* compatible with acute COVID-19 with mild symptoms (discharge)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Symptoms* compatible with acute COVID-19 with moderate/severe symptoms (admission)</td>
<td>YES</td>
<td>As clinically indicated</td>
<td>YES</td>
</tr>
</tbody>
</table>

(1) Order ACH COVID-19 by RT-PCR. Collect (1) NP swab in viral transport media and send to main lab. If we run out of viral transport media, (1) NP swab in normal saline is acceptable for COVID-19 PCR testing; however the RPP will not be able to be performed.

### Other Diagnostic Testing
- Portable CXR if clinically warranted
- CT not indicated unless concern for other process
- Consider other laboratory testing to guide clinical management

### Symptoms compatible with acute COVID-19
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### Discharge
- Review follow-up recommendations
- Supportive care including hydration and antipyretics
- Quarantine instructions, including duration
- Process for revisit

- [CDC home care guidance - English version](#)
- [CDC home care guidance - Spanish version](#)

### Patient too ill for outpatient evaluation and treatment
- Transfer to Emergency Department

### Transfer to Emergency Department
- Ensure proper isolation protocol is followed
- Transfer to Emergency Department

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