

NMRTC Portsmouth COVID-19 ADMISSIONS

v18APR22

Clinical presentation with a fever (>100.4°F) or COVID-19-like Illness (CLI)

- Infectious Disease COVID: p5960
 - IM Admissions: p5091
 - Adaptive Treatment Trial (0600-2100): 3-1970, 3-7189

^ Severity Assessment per NIH and DoD CPG:

- **Asymptomatic or Pre-symptomatic Infection:** Individuals who test positive for SARS-CoV-2 but have no symptoms
- **Mild Illness:** Individuals who have any of various signs and symptoms (e.g., fever, cough, sore throat, malaise, headache, muscle pain, anosmia) without shortness of breath, dyspnea, or abnormal imaging
- **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SaO2) >93% on room air at sea level.
- **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SaO2 ≤93% on room air at sea level, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300, or lung infiltrates >50%.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

†Initial pre-admission labs (in addition to other labs as indicated):

Daily

- Complete blood count with differential
- Comprehensive metabolic panel
- C-Reactive Protein
- D-Dimer
 - Note: This is NOT out of suspicion for PE, this is linked to prognosis and a positive d-dimer does NOT obligate a follow-up CTA

On admission, repeat every 2-3 days if abnormal or clinical deterioration

- PT/PTT, Fibrinogen
- Ferritin
- Lactate dehydrogenase
- SARS-CoV-2 RT PCR Testing (repeat based on admission algorithm)
- EKG
- Blood cultures and Procalcitonin (if indicated)
- Troponin (at least once during admission and repeat if suspecting ACS)
- BNP (if suspecting heart failure)
- Viral serologies for elevated LFTs (HBV sAb/cAb/sAg, HCV Ab, HIV q/2 Ab/Ag)
- Urinalysis and spot urine protein:creatinine (For acute kidney injury i.e. serum creatinine >0.3 above baseline)

Asymptomatic, Mild, or Moderate, no other indication for admission

Discharge to Home Isolation
NIDDL COVID SWAB

Severe, Critical, Moderate with high risk for decompensation, non-COVID indication for admission

COVID Biofire (In-house test)

Admit to the CTU
Order labs †

Admitted for COVID symptoms?

Treat for presenting condition

Consider enrollment in Adaptive Treatment Trial, if meets inclusion criteria

Consider Awake Proning for all patients without contraindications

Consider other therapies per current practice if not in clinical trial

- Consider **remdesivir** for severe disease not requiring mechanical ventilation
- Consider **dexamethasone** for severe disease > 7 days after symptom onset or requiring mechanical ventilation
- Other therapies, such as **convalescent plasma**, preferably under a randomized controlled trial. Discuss with Infectious Disease

“High/intermediate confidence” of COVID-19

Admit to the CTU
Order labs †

Repeat COVID-19 swab in 24-48 hrs

CT Chest

“Low confidence” of COVID-19

Alternate dx more likely than COVID

NOT A PUI
Admit to Medical-Surgical Unit.
 Standard Infection Control Measures plus universal masking per hospital policy during increased COVID activity.
No droplet or other special precautions required unless indicated for non-covid reasons

Discuss COVID status with ID staff Continued droplet/contact precautions per ID staff on case-by-case basis (If patient coughing, obtain lower sputum sample for testing.)

