

The Emergency Department Evaluation and Management of Patients Under Investigation for COVID-19 (Coronavirus Disease)

Scenario 1

Identify exposure history
In the 14 days before symptom onset, patient traveled to: China, Iran, Italy, Japan, or South Korea.

YES

NO

Continue with usual triage.

Identify signs and symptoms
Fever (subjective or 100.4F or 38.0 C) AND symptoms of lower respiratory illness, such as cough, shortness of breath, or difficulty breathing.

YES

NO

Continue with usual triage.

Scenario 2

Identify exposure history
In the 14 days before symptom onset, patient had close contact with a laboratory-confirmed COVID-19 patient.

YES

NO

Identify signs and symptoms
Fever (subjective or 100.4F or 38.0 C) OR symptoms of lower respiratory illness, such as cough, shortness of breath, or difficulty breathing.

YES

NO

Continue with usual triage.

Scenario 3

Identify exposure history
No known source of exposure identified.

YES

Identify signs and symptoms
Fever with severe acute respiratory illness (e.g. pneumonia, ARDS) without alternate diagnosis (e.g. influenza).

YES

NO

Isolate and Prevent Transmission:

Mask patient and move to a negative pressure airborne isolation room. If unavailable, move to private room with door closed. Health care personnel should use contact and airborne precautions and eye protection (i.e. gowns, gloves, N95 respirator, PAPR and goggles or face shield).

Inform:

Immediately notify facility's infection prevention department and local public health department.

Further evaluation and management:

- Complete history and physical examination. Decision to test for **COVID-19** must be made in coordination with health department.
- Testing for other respiratory pathogens should not delay specimen shipping if testing for **COVID-19** is indicated.
- Perform routine interventions (e.g. placement of peripheral IV) as indicated by clinical status.

Questions? Contact the infection prevention department at your facility.

