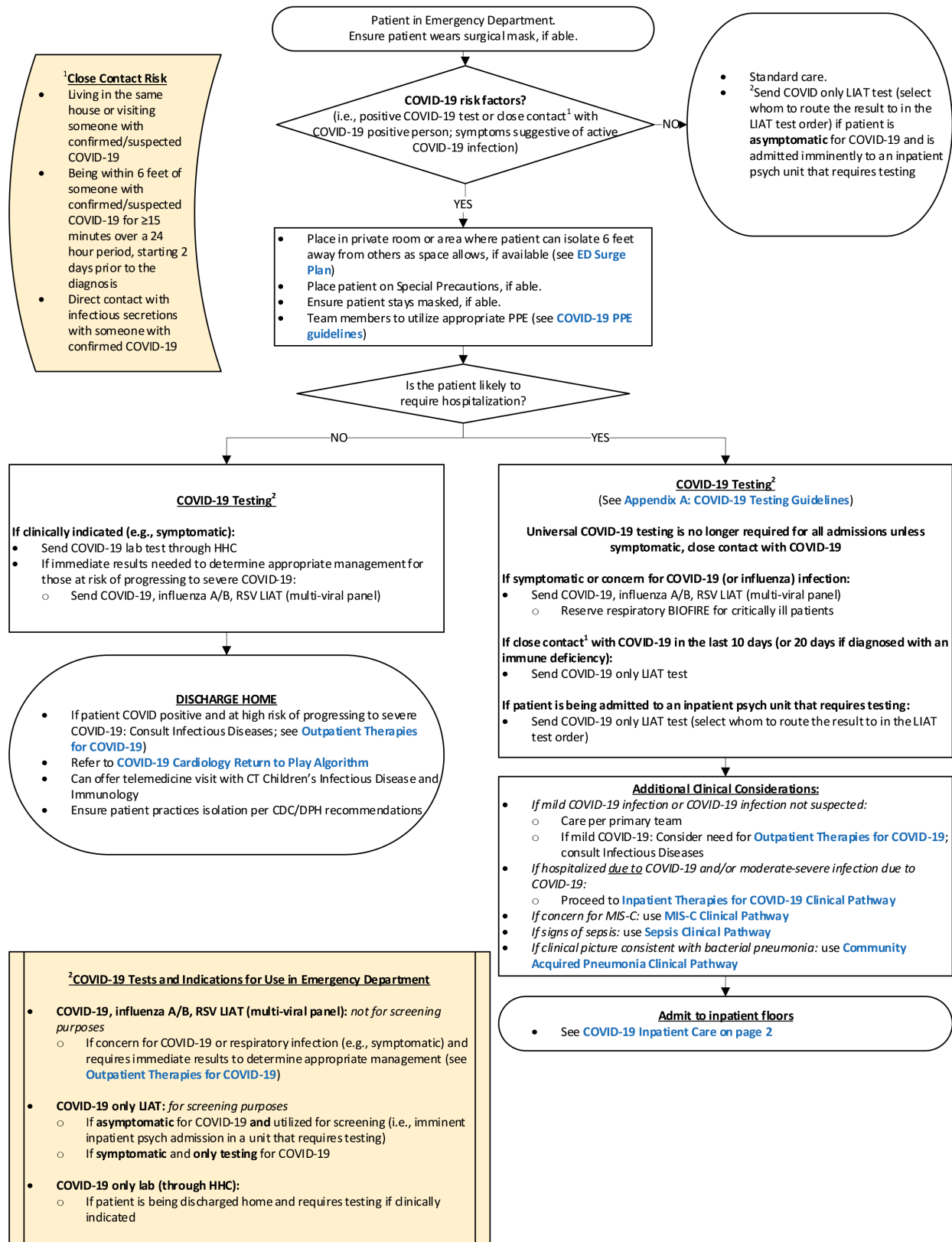


CLINICAL PATHWAY: CT Children's ED and Inpatient ED Care

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.



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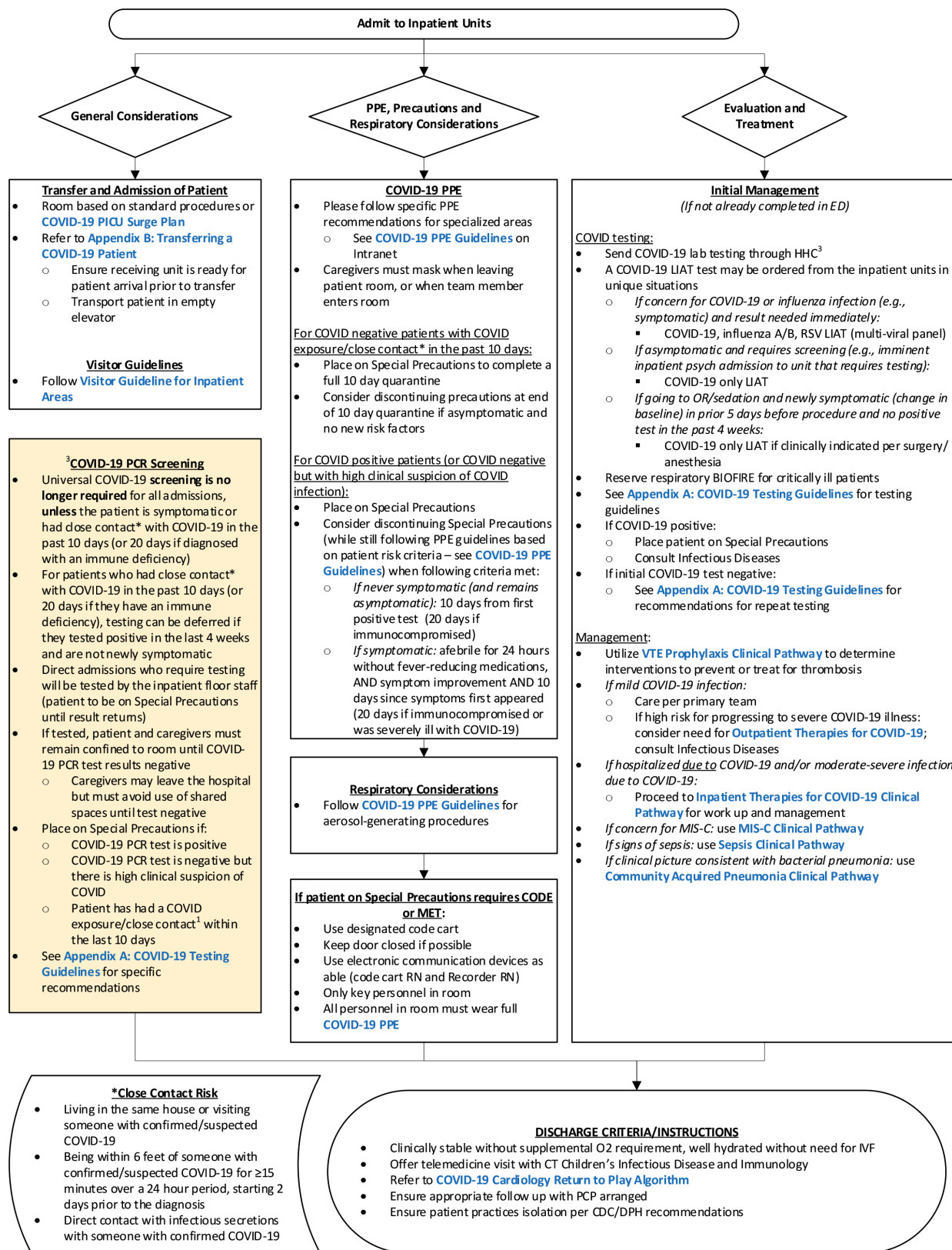


CONTACTS: JOHN BRANCATO, MD | ANAND SEKARAN, MD | JOHN SCHREIBER, MD
This pathway is subject to change, based on evolving recommendations from the CDC and CT DPH.

LAST UPDATED: 03.27.25

CLINICAL PATHWAY: CT Children's ED and Inpatient Inpatient Care

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***Close Contact Risk**

- Living in the same house or visiting someone with confirmed/suspected COVID-19
- Being within 6 feet of someone with confirmed/suspected COVID-19 for ≥15 minutes over a 24 hour period, starting 2 days prior to the diagnosis
- Direct contact with infectious secretions with someone with confirmed COVID-19

DISCHARGE CRITERIA/INSTRUCTIONS

- Clinically stable without supplemental O2 requirement, well hydrated without need for IVF
- Offer telemedicine visit with CT Children's Infectious Disease and Immunology
- Refer to [COVID-19 Cardiology Return to Play Algorithm](#)
- Ensure appropriate follow up with PCP arranged
- Ensure patient practices isolation per CDC/DPH recommendations

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COVID-19 Testing Guidelines

- Universal COVID-19 screening is **no longer required** for all admissions, **unless**:
 - the patient is symptomatic, or
 - the patient has had close contact with COVID-19 in the past 10 days (or 20 days if diagnosed with an immune deficiency)
- For patients with close contact with COVID-19, testing can be deferred if they have had a positive test in the last 4 weeks, as long as they are not newly symptomatic.
- **For ED patients requiring admission:**
 - If test is required due to symptoms or exposure, COVID-19 test¹ to be ordered and sent in the ED prior to transfer to floors or surgery
 - If the COVID-19 test result is not available in a timely fashion, the patient can be transferred to the floors without the result, as long as:
 - Patient remains on Special Precautions Isolation until COVID-19 test results negative
 - Patients and caregivers remains confined in room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test is negative)
- **For patients transferred or admitted directly to inpatient units:**
 - If test is required due to symptoms or exposure, COVID-19 test¹ to be sent by inpatient floor staff
 - Patient will be on Special Precautions Isolation until COVID-19 PCR test results negative
 - Patients and caregivers must remain confined in room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test is negative)
- **If requiring surgical procedure or sedation:**
 - Screening for asymptomatic and low risk individuals is no longer needed
 - Only send a COVID-19 screening test if determined to be clinically indicated per surgery/anesthesia when:
 - patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure and there is no positive test in the past 4 weeks
- Long-term patients requiring prolonged hospitalization no longer need screening COVID-19 tests unless a new clinical concern for COVID-19 infection arises
- **If initial COVID-19 PCR screen is POSITIVE** (or test is negative but with high clinical suspicion of COVID-19):
 - Place patient on Special Precautions
 - Will require full utilization of **COVID-19 PPE**
 - Patient is no longer infectious (standard precautions; does not need Special Precautions) when the following timelines are met:
 - *If never symptomatic*: 10 days from first positive test (20 days if immunocompromised)
 - *If initially symptomatic*: afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)

¹COVID-19 Tests and Indications for Use

- **COVID-19, influenza A/B, RSV LIAT (multi-viral panel):** *not for screening purposes*
 - If concern for COVID-19 infection or respiratory infection (e.g., symptomatic) and requires immediate results to determine appropriate management (see [Outpatient Therapies for COVID-19](#))
- **COVID-19 only LIAT:** *for screening purposes*
 - If **asymptomatic** for COVID-19 and utilized for screening (i.e., or imminent inpatient psych admission that requires testing)
 - If **symptomatic** and **only testing** for COVID-19
- **COVID-19 only lab (through HHC):**
 - If patient is being discharged home and requires testing if clinically indicated



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Recommendations for Repeat COVID-19 Testing:

- **If initial COVID-19 screening test is positive:**
 - There is no indication to retest within the following 4 weeks from first positive test unless the patient becomes newly symptomatic
 - Patient is no longer infectious (standard precautions; does not need Special Precautions) when the following timelines are met:
 - *If never symptomatic:* 10 days from first positive test (20 days if immunocompromised or was severely ill with COVID-19)
 - *If symptomatic:* afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)
- **If initial COVID-19 screening test is negative:**
 - If symptomatic with high clinical suspicion for COVID-19:
 - Consider repeat COVID-19 testing (must have ≥24 hours between initial and repeat test)
 - Continue Special Precautions until repeat testing returns
 - If repeat testing is negative, patient likely negative for COVID-19 and no further testing is required. Consider sending respiratory BIOFIRE.
 - If asymptomatic/respiratory BIOFIRE is negative, with low clinical suspicion for COVID-19:
 - Likely negative for COVID-19 infection; repeat testing is not indicated
- **Special Circumstances:**
 - May consider sending repeat COVID-19 PCR if:
 - Needing transfer to another facility that requires a COVID-19 test within a certain time frame
 - If requiring surgical procedure or sedation:
 - Screening for asymptomatic and low risk individuals is no longer needed
 - Only send a COVID-19 screening test if determined to be clinically indicated per surgery/anesthesia when:
 - patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure and there is no positive test in the past 4 weeks
 - *Consider use of more rapid LIAT COVID-19 test when faster turn-around time is necessary¹

¹COVID-19 Tests and Indications for Use

- **COVID-19, influenza A/B, RSV LIAT (multi-viral panel):** *not for screening purposes*
 - If concern for COVID-19 infection or respiratory infection (e.g., symptomatic) and requires immediate results to determine appropriate management (see [Outpatient Therapies for COVID-19](#))
- **COVID-19 only LIAT:** *for screening purposes*
 - If **asymptomatic** for COVID-19 and utilized for screening (i.e., or imminent inpatient psych admission that requires testing)
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- **COVID-19 only lab (through HHC):**
 - If patient is being discharged home and requires testing if clinically indicated



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Patients with known or suspected COVID-19 (or when admission COVID-19 test is pending) can be transported safely between patient units by adhering to the following steps:

1. The receiving unit will indicate to the sending unit when the room and staff are ready to accept the patient.
2. ED RN will give report to the receiving unit by phone.
3. ED RN will sanitize stretcher handrails and any other area with visible soil, with disinfectant wipes prior to leaving the ED.
4. Upon leaving the room, the patient will don a surgical mask and a clean sheet will be placed over the patient (to the chin) for transport.
5. If the ED RN is accompanying the patient to the new location, they must remove their gloves and gown, wash their hands, and don clean gown and gloves. They may leave their N95 and eye protection on without change. If another team member is transporting the patient they must wear appropriate PPE.
6. The patient must be transported directly to the receiving unit. Do not allow any visitors or other staff in the elevator with the patient. Only family members may accompany.
7. Receiving unit will be ready with PPE donned to receive the patient in a negative pressure room, or a standard room if no negative pressure room is available.
8. A Special Precautions isolation sign must be placed on the door of the negative pressure room.
9. Once the patient is moved from the stretcher to the bed, remove the linens from the ED stretcher and place in the linen hamper in the room. The stretcher should be moved to the anteroom or hallway.
10. The team member will remove gown, gloves, and eye protection in the room. The respirator/mask must be removed in the ante room or the hallway if there is no ante room. Perform hand hygiene.
11. A new pair of clean gloves will be donned. Wipe the mattress and handrails with a disinfectant wipe. Then transport the stretcher back to the original room in the ED for terminal cleaning of the entire room.



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