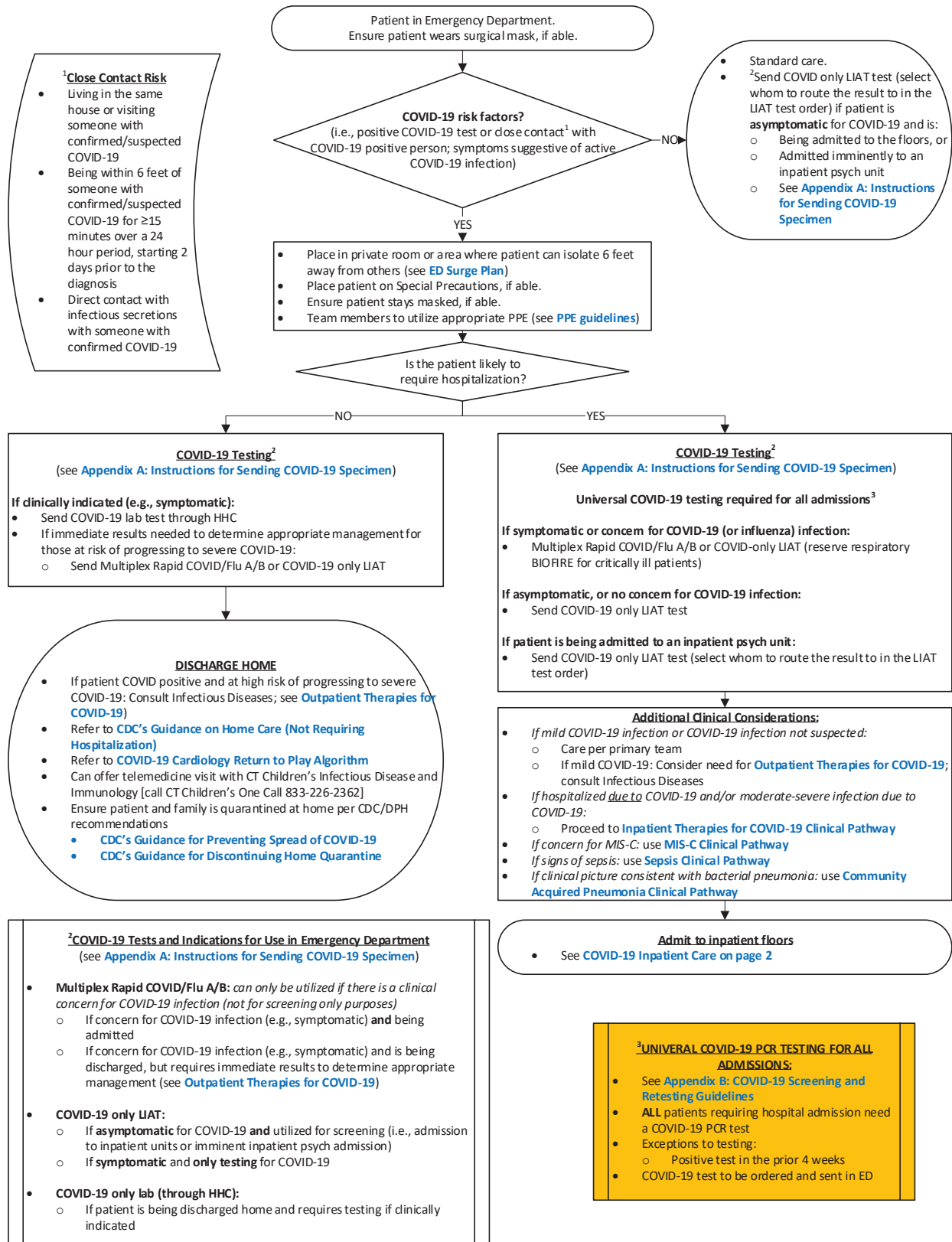


CLINICAL PATHWAY: CT Children's ED and Inpatient ED Care

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



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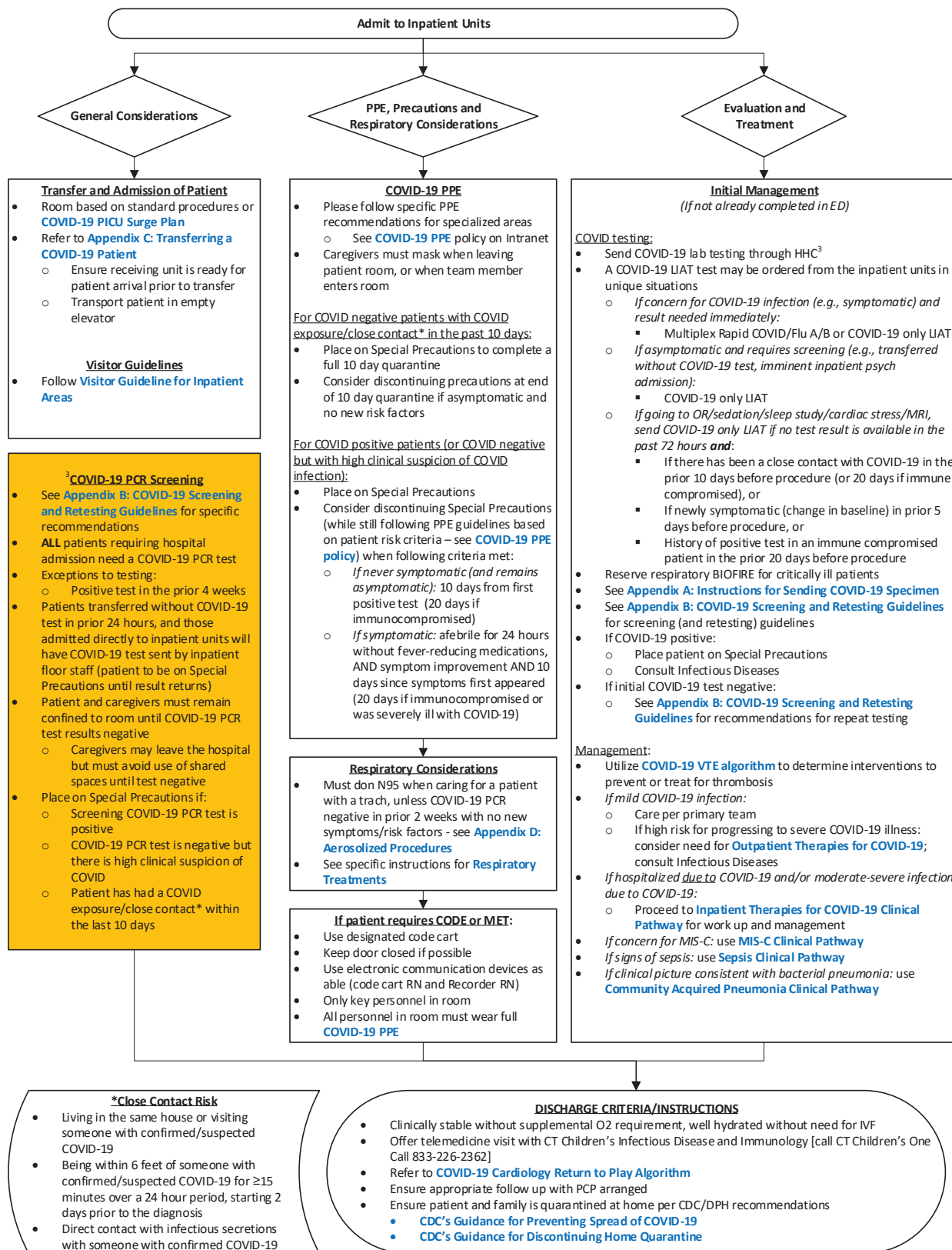


CONTACTS: JOHN BRANCATO, MD | ANAND SEKARAN, MD | JOHN SCHREIBER, MD
This pathway is subject to change, based on evolving recommendations from the CDC and CT DPH.

LAST UPDATED: 02.20.23

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 Diseases and Immunology (call CT Children's One Call 833-226-2362)
- Refer to **COVID-19 Cardiology Return to Play Algorithm**
- Ensure appropriate follow up with PCP arranged
- Ensure patient and family is quarantined at home per CDC/DPH recommendations
 - CDC's Guidance for Preventing Spread of COVID-19**
 - CDC's Guidance for Discontinuing Home Quarantine**



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Hartford Hospital Specimen

- Specimens must be collected in a viral transport tube
 - Both BIOFIRE and COVID-19 specimens may be sent with 1 single swab (reserve respiratory BIOFIRE for critically ill patients)
- Place COVID-19 sample in a green irreplaceable biohazard bag
- Patient's COVID-19 test requisition form (will have printed when COVID-19 test was ordered)
- Must hand carry sample to the HH Lab; **DO NOT** use the tube system
- When walking samples to Hartford Hospital, the staff member will only need to wear gloves for PPE. There is no need to don full PPE for sample transport.

LIAT Specimen

- Specimen must be collected in viral transport medium
- Label sample with barcoded patient demographic label that includes: the initials of the person collecting the sample, date and time of collection
- Patient sample should be placed in a green irreplaceable biohazard bag
- Must hand carry sample to COVID-19 specimen drop-off room (1C, room #1693) and fill out the log
- When walking samples to COVID-19 specimen drop-off room, the staff member will only need to wear gloves for PPE. There is no need to don full PPE for sample transport.



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Screening for Admissions and Inpatients

- **ALL** patients requiring hospital admission need a screening COVID-19 PCR test¹.
- **Exceptions to testing:**
 - Positive test result in the patient in the prior 4 weeks to admission and currently asymptomatic. *If patient is newly symptomatic within this 4 week period, must retest.*
 - 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)
- For ED patients requiring admission:
 - Screening 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:
 - Screening 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, sedation, sleep study, cardiac stress test, or MRI:
 - Screening for asymptomatic and low risk individuals is no longer needed
 - Only send a COVID-19 screening test if there is no test result available in the past 72 hours **and**:
 - If there has been close contact with COVID-19 in the prior 10 days before procedure (or 20 days if immune compromised), or
 - If patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure, or
 - There is a history of a positive test in an immune compromised patient in the prior 20 days before procedure
- 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

¹COVID-19 Tests and Indications for Use

(see [Appendix A: Instructions for Sending COVID-19 Specimen](#))

- **Multiplex Rapid COVID/Flu A/B:** *can only be utilized if there is a clinical concern for COVID-19 infection (not for screening only purposes)*
 - If concern for COVID-19 infection (e.g., symptomatic) **and** being admitted
 - If concern for COVID-19 infection (e.g., symptomatic) and is being discharged, but requires immediate results to determine appropriate management (see [Outpatient Therapies for COVID-19](#))
- **COVID-19 only LIAT:**
 - If **asymptomatic** for COVID-19 **and** utilized for screening (i.e., admission to inpatient units or imminent inpatient psych admission)
 - 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
- Long-term patients requiring prolonged hospitalization no longer need screening COVID-19 tests unless a new clinical concern for COVID-19 infection arises
- **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
 - Patient is transferred to inpatient units without a prior COVID-19 test
 - If requiring surgical procedure, sedation, sleep study, cardiac stress test, or MRI:
 - Screening for asymptomatic and low risk individuals is no longer needed.
 - Only send a COVID-19 screening test if there is no test result available in the past 72 hours **and**:
 - If there has been close contact with COVID-19 in the prior 10 days before procedure (or 20 days if immune compromised), or
 - If patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure, or
 - There is a history of a positive test in an immune compromised patient in the prior 20 days before procedure
 - *Consider use of more rapid LIAT COVID-19 test when faster turn-around time is necessary¹

¹COVID-19 Tests and Indications for Use

(see [Appendix A: Instructions for Sending COVID-19 Specimen](#))

- **Multiplex Rapid COVID/Flu A/B:** *can only be utilized if there is a clinical concern for COVID-19 infection (not for screening only purposes)*
 - If concern for COVID-19 infection (e.g., symptomatic) **and** being admitted
 - If concern for COVID-19 infection (e.g., symptomatic) and is being discharged, but requires immediate results to determine appropriate management (see [Outpatient Therapies for COVID-19](#))
- **COVID-19 only LIAT:**
 - If **asymptomatic** for COVID-19 **and** utilized for screening (i.e., admission to inpatient units or imminent inpatient psych admission)
 - 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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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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Aerosol Generating Procedures:

Updated 9/25/2020

Some procedures performed on patients who are potential or known positive for COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.

Respiratory modalities in this category would include:

- IPPB
- IPV
- Cough assist
- Vest
- Nebulized medications
- High flow nasal cannula (HFNC)
- Non-invasive ventilation (BiPAP/CPAP) devices
- Tracheostomy tube changes, floor patient with tracheostomy and open airway, etc (see **PPE – High Risk Scenarios**) – *Exception: if a patient with a tracheostomy has been admitted and has had a negative COVID-19 PCR test in the prior 2 weeks with no new symptoms or other COVID-19 risk factors, an N-95 mask is not required*

Though higher risk, health care providers may still need to perform these procedures if it is clinically required. It is imperative to take the necessary PPE precautions when performing these aerosolizing procedures (**PPE policy High Risk Scenarios**).

In addition:

- If performed, these procedures should take place in a negative pressure room when possible
- Limit the number of health care providers present during these aerosol generating procedures to only those essential for patient care and procedural support
- Clean and disinfect procedure room surfaces promptly per CDC recommendations

Reference: **CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.**



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