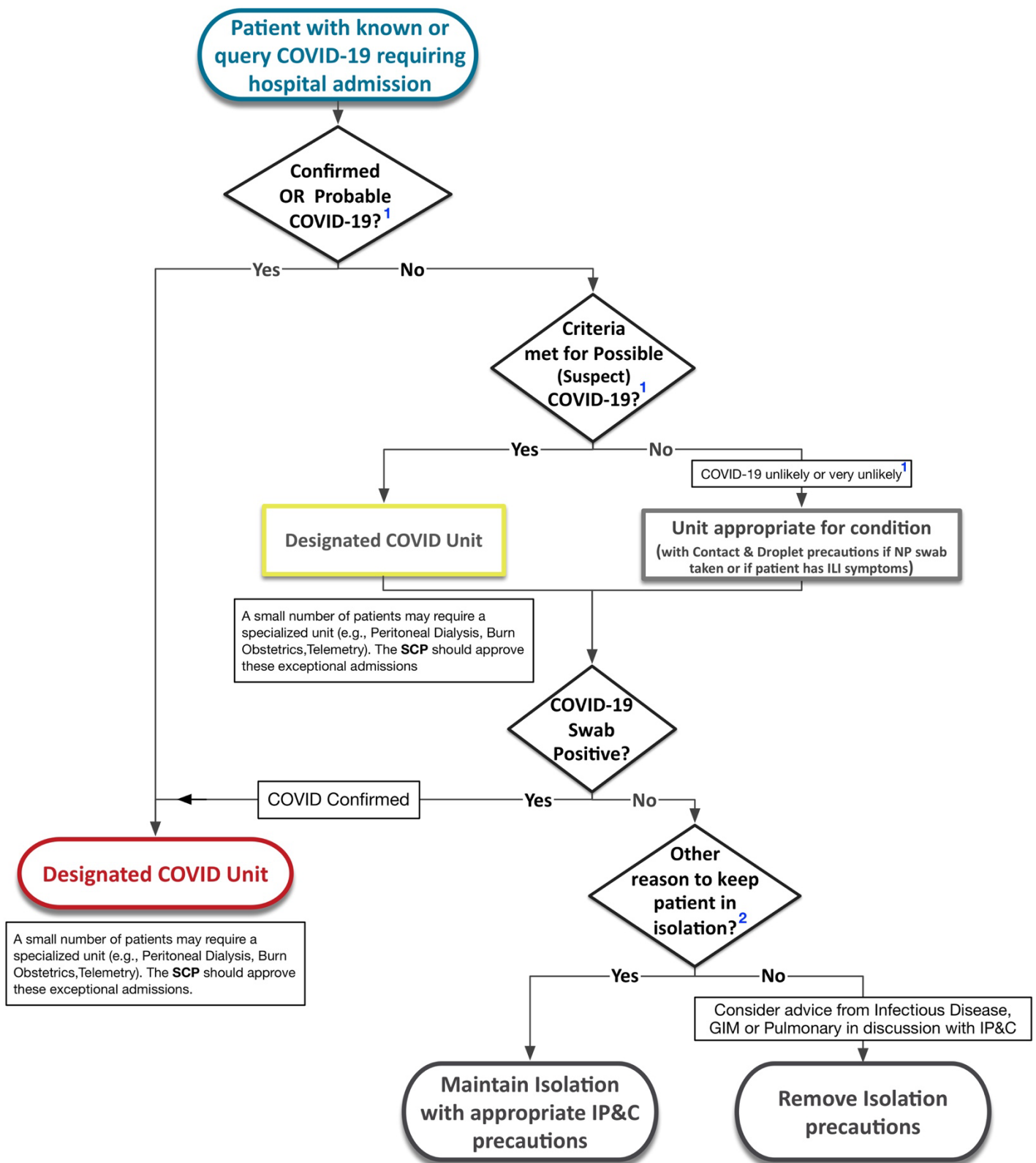


# COVID-19 Admission Disposition Flow Map



1. Case definitions: see page 2

2. Isolation: there could be several reasons to maintain isolation including a possible false negative nasal / throat swab or other diseases that require isolation (e.g. influenza, antibiotic resistant organisms). Patients may have to continue isolation if they had a clinical illness prior to their nasal swab.

1. Case Definitions

- **Confirmed:** laboratory confirmed case
- **Probable:** any major (ILI) symptom and close contact<sup>1</sup> with a lab-confirmed COVID-19 case
- **Possible (Suspect):** any clinical illness **AND** any exposure criteria
- **Unlikely:** any clinical illness **OR** any exposure criteria
- **Very unlikely:** **Neither** clinical illness **OR** any exposure criteria

2. Clinical Illness and Exposure Criteria

All clinical illness criteria are assumed to be **recent** and **without an alternative explanation that is more likely**

<b>Clinical Illness<sup>2,3</sup></b>	<b>Major (ILI)</b>	<b>Fever (&gt; 37.5 °C)</b>	<b>Shortness of breath</b>	<b>Sore throat</b>
		<b>New cough / Change in existing cough</b>	<b>Difficulty breathing</b>	<b>Runny nose</b>
	<b>Symptoms</b>  Non-ILI	Nausea or vomiting	Anorexia	Chest pain
		Diarrhea	<b>Fatigue / Severe exhaustion</b>	Headache
		Loss / Altered sense of smell or taste	<b>Muscle aches or joint pain</b>	Conjunctivitis
	<b>Laboratory</b>	Lymphopenia (< 0.5 x 10 <sup>9</sup> /L)	Leukopenia (< 2.0 x 10 <sup>9</sup> /L)	
<b>Imaging</b>	<b>Chest CT<sup>4</sup> - Typical findings<sup>5</sup></b>	<b>Chest CT<sup>4</sup> - Atypical findings<sup>5</sup></b>	<b>Chest x-ray - Typical findings<sup>5</sup></b>	

<b>Exposure<sup>2</sup></b>	In the 14 days before onset of illness, a person who:	<b>had close contact<sup>1</sup> to a lab-confirmed COVID-19 case</b>	lives / works in a facility with a confirmed COVID-19 outbreak <sup>6</sup>
		had any history of travel outside of Canada	is a close contact <sup>1</sup> of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days
		participated in a gathering identified as a source of exposure (e.g., conference)	had lab exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19.
		does <b>NOT</b> have a history of Exposure	

No known exposure

Unable to obtain history (patient confused, unconscious, etc.)

<sup>1</sup> Individuals that:
 

- provided care for the case, including healthcare workers (any clinical setting including EMS and firefighters), family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), **OR**
- lived with or otherwise had close prolonged contact (within two metres) for more than 15 minutes with a case without consistent and appropriate use of PPE and not isolating, **OR**
- had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

<sup>2</sup> Alberta Public Health (APH) Disease Management Guidelines (DMG): Coronavirus – COVID-19 <https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/04d14c71-83a7-45bc-a2a7-c0dcff34ff34/download/covid-19-guideline-2020-04-11.pdf>. Updated April 11, 2020.

<sup>3</sup> This list represents an expanded number of clinical criteria, based on expert opinion and published literature compared to the list currently used in the Alberta Public Health Disease Management Guidelines: Coronavirus – COVID-19. The Major (ILI) symptoms are used to determine a probable case.

<sup>4</sup> Chest CT should **not** routinely be ordered to screen patients for COVID-19 pneumonia; it is applicable in the event the patient had a CT for another indication.

<sup>5</sup> **Typical** findings for COVID-19 pneumonia include ground glass opacities (GGOs) or intralobular lines (crazy paving) that are bilateral, peripheral and predominately lower lobes. **Atypical** findings include GGOs or intralobular lines that are unilateral or predominately in upper lobes; or bilateral airspace consolidation.

<sup>6</sup> This exposure criterion is not included in the APH DMG: Coronavirus – COVID-19 document but was thought to be important to include for assessing likelihood. Contact for questions: Dr. W. Ward Flemons MD, FMC Medical Site Lead (flemons@ucalgary.ca)