

COVID-19 Admission Form

INFORMATION for PATIENT DISPOSITION

This form should be completed by MD ordering the COVID-19 test

Patient ID

1. Lab confirmed case of COVID-19 in the past 14 days?

Yes No

(If YES – **STOP**) Date of test _____

MD completing form (please print) and Date (mm/dd)

2. Clinical Illness and Exposure Profile for Query COVID-19 Patients requiring Admission [check all that apply]

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

Clinical Illness¹	Symptoms	ILI	<input type="radio"/> Fever (> 37.8 °C) ² or chills	<input type="radio"/> Shortness of breath	<input type="radio"/> Sore throat / painful swallowing
		&	<input type="radio"/> Cough (new / worse / unexplained)	<input type="radio"/> Difficulty breathing	<input type="radio"/> Runny nose / nasal congestion
		GI	<input type="radio"/> Vomiting ← 3 or more episodes in 24 hours →	<input type="radio"/> Diarrhea	
		Expanded	<input type="radio"/> Headache	<input type="radio"/> Muscle aches or joint pain	<input type="radio"/> Fatigue / severe exhaustion
		<input type="radio"/> Nausea / sudden loss of appetite	<input type="radio"/> Loss of, or change to, sense of smell or taste		
		<input type="radio"/> Altered mental status	<input type="radio"/> Conjunctivitis / red Eye / chemosis (conjunctival edema)		
	Laboratory	<input type="radio"/> Lymphopenia (< 0.5 x 10 ⁹ /L)	<input type="radio"/> Leukopenia (< 2.0 x 10 ⁹ /L)		
	Imaging	<input type="radio"/> Chest CT ³ - Typical findings ⁴	<input type="radio"/> Chest CT ³ - Atypical findings ⁴	<input type="radio"/> Chest x-ray - Typical findings ⁴	
Exposure¹	In the 14 days before onset of illness, a person who:	<input type="radio"/> had close contact ⁵ with a probable or confirmed case	<input type="radio"/> returned to Alberta from outside of Canada		
		<input type="radio"/> had close contact ⁵ with a traveler with acute respiratory illness who had traveled outside of Canada within 14 days before their illness	<input type="radio"/> had laboratory exposure to biological material known to contain COVID-19 (e.g., primary clinical specimens, virus culture isolates)		
		<input type="radio"/> associated with any healthcare unit / facility, congregate living or other location (e.g. workplace or social gathering) COVID-19 outbreak / cluster			
		<input type="radio"/> Unable to obtain history (patient confused, unconscious, etc.)	<input type="radio"/> No known exposure	<input type="radio"/> No Imaging	

3. COVID-19 Likelihood Definitions and Isolation Indications

Likelihood	Case Definition	Contact & Droplet Precautions?
<input type="radio"/> Confirmed	laboratory confirmed case	
<input type="radio"/> Probable	any clinical illness AND any exposure criteria	Yes
<input type="radio"/> Possible	any clinical illness OR any exposure criteria	
<input type="radio"/> Unlikely	clinical evidence inconsistent with probable and possible definitions	No
<input type="radio"/> Highly unlikely	no clinical illness OR any exposure criteria	(Follow routine practices – including continuous masking)

The purpose of this document is COVID-19 risk stratification. This document does not replace clinical judgment and discretion

¹ AHS Acute Care COVID-19 Expanded Testing Algorithm. ECC approved June 3, 2020. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-expanded-testing.pdf>

² Fever in isolation should be looked at in conjunction with other symptoms.

³ 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.

⁴ **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.

⁵ Individuals that:

- provided care for the individual, 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) with the person while the person was infectious, **OR**
- had direct contact with infectious body fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended PPE.