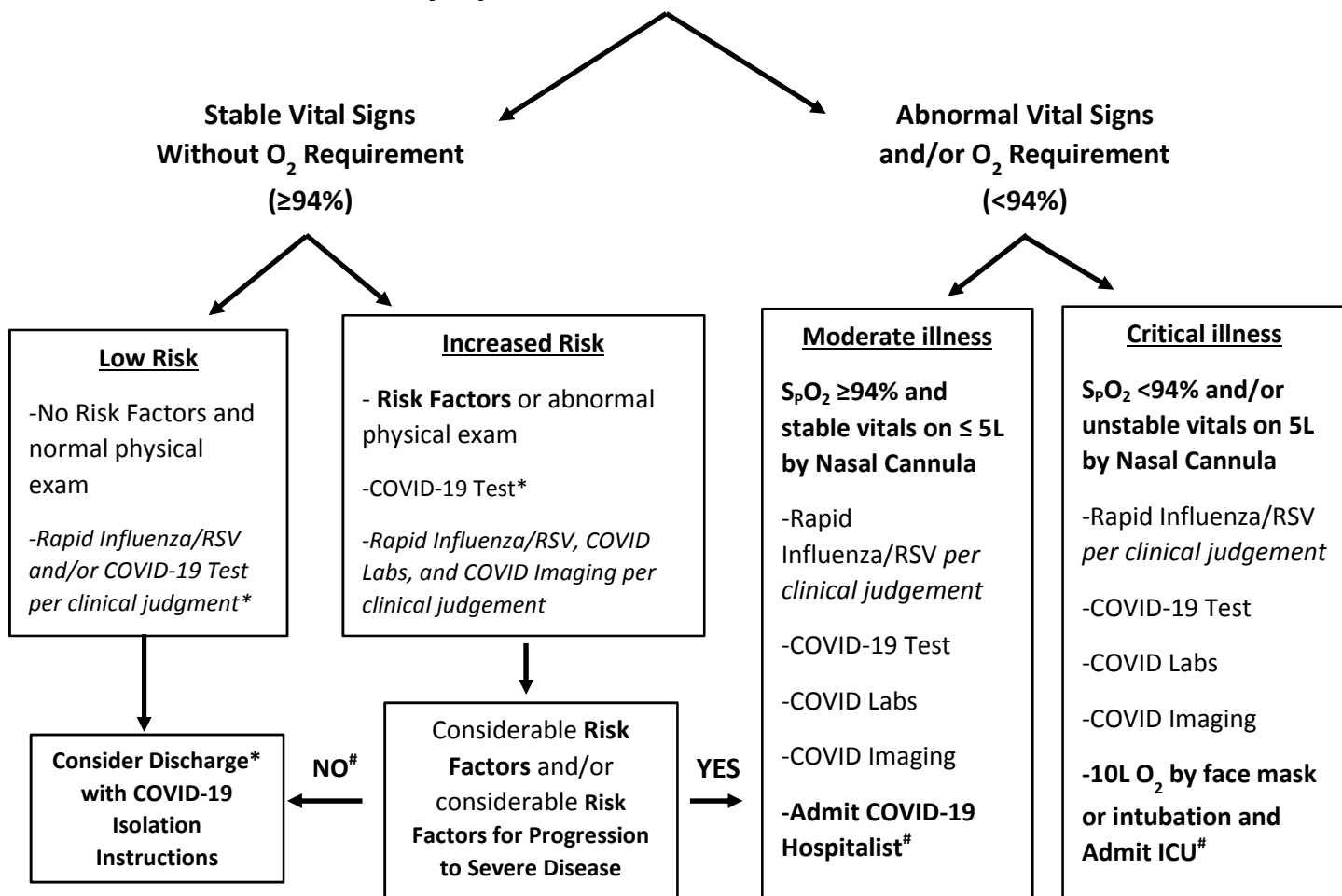


# UW Medicine Emergency Department Risk Assessment Algorithm for COVID-19

## Symptomatic COVID-19+ or PUI



\* See UW med ID testing recommendations. Consider COVID-19 testing and/or special discharge assistance for pregnant women, people living homeless or in congregant facilities, for those with known positive exposures, and healthcare workers. # for confirmed COVID-19 +, consider ID consult for hydroxychloroquine for patients with hypoxia or patients with risk factors without hypoxia.

<u>Risk Factors</u>	<u>COVID labs</u>	<u>COVID Imaging</u>	<u>Risk Factors for Progression to Severe Disease</u>
Age ≥ 60  <u>Comorbidities:</u> HTN, CVD, cardiomyopathy, pulmonary disease, Renal disease, DM, transplant.  <u>Immune deficiency:</u> immune modulators, immunosuppressive medications including corticosteroid treatment at the equivalent of 20 mg of oral prednisone or more daily, detectable HIV VL or CD4 count < 200 cells/mm <sup>3</sup>  Altered mental status (GCS < 15)  Evidence of Lower Respiratory Tract Infection	CBC with diff  CMP  CRP  LDH  DIC Panel (PT, aPTT, fibrinogen, D-dimer)  Cardiac: ECG, CPK, Troponin, and BNP  Venous lactate  With pneumonia = blood cultures	Consider the following:  1. Portable Chest Xray  2. POC Lung Ultrasound  3. Chest CT only if above imaging is inconclusive or considering alternative diagnosis (trauma, PE, dissection, ACS)	D-Dimer > 1.0 ug/ml  CPK > 2x ULN  CRP > 100, LDH > 245  Hepatic Transaminase elevation  New Creatinine elevation  Troponin elevation  Abs lymphocyte count < 0.8  Lactate > 4  Extensive bilateral and/or worsening pulmonary infiltrates  Exertional SpO <sub>2</sub> < 90% during one-minute walk in place or unable to complete.

Adapted from: CDC, WHO, UW Medicine guidelines, Cornell ED COVID guide, MGH ICU guide for COVID-19, and available literature.

1. CDC coronavirus clinical guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
2. World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. March 2020
3. Zhou F, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China...The Lancet. 2020 Mar 11.