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

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

#### <sup>1</sup>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 diagnos is
- Direct contact with infectious secretions with someone with confirmed COVID-19

If clinically indicated (e.g., symptomatic):

Send COVID-19 lab test through HHC

those at risk of progressing to severe COVID-19:

Patient in Emergency Department. Ensure patient wears surgical mask, if able.

# COVID-19 risk factors?

(i.e., positive COVID-19 test or dose contact<sup>1</sup> with COVID-19 positive person; symptoms suggestive of active COVID-19 infection)

- YES
- Place in private room or a rea where patient can isolate 6 feet away from others as space allows, if available (see ED Surge Plan)
- Place patient on Special Precautions, if able.
- Ensure patient stays masked, if able.

NO

Team members to utilize appropriate PPE (see COVID-19 PPE guidelines)

Is the patient likely to require hospitalization?

Standard care.

<sup>2</sup>Send COVID only LIAT test (select

whom to route the result to in the

asymptomatic for COVID-19 and is

psych unit that requires testing

admitted imminently to an inpatient

LIAT test order) if patient is

COVID-19 Testing<sup>2</sup>
(See Appendix A: COVID-19 Testing Guidelines)

Universal COVID-19 testing is no longer required for all admissions unless symptomatic, close contact with COVID-19

#### If symptomatic or concern for COVID-19 (or influenza) infection:

- Send COVID-19, influenza A/B, RSV LIAT (multi-viral panel)
  - Reserve respiratory BIOFIRE for critically ill patients

# If close contact $^1$ with COVID-19 in the last 10 days (or 20 days if diagnosed with an immune deficiency):

Send COVID-19 only LIAT test

#### If patient is being admitted to an inpatient psych unit that requires testing:

 Send COVID-19 only LIAT test (select whom to route the result to in the LIAT test order)

# DISCHARGE HOME

COVID-19 Testing<sup>2</sup>

If immediate results needed to determine appropriate management for

Send COVID-19, influenza A/B, RSV LIAT (multi-viral panel)

- If patient COVID positive and at high risk of progressing to severe COVID-19: Consult Infectious Diseases; see Outpatient Therapies for COVID-19)
- Refer to COVID-19 Cardiology Return to Play Algorithm
- Can offer telemedicine visit with CT Children's Infectious Disease and Immunology
- Ensure patient practices is olation per CDC/DPH recommendations

#### Additional Cinical Considerations:

- If mild COVID-19 infection or COVID-19 infection not suspected:
  - o Care per primary team
  - If mild COVID-19: Consider need for Outpatient Therapies for COVID-19; consult Infectious Diseases
- If hospitalized <u>due to</u> COVID-19 and/or moderate-severe infection due to COVID-19:
- Proceed to Inpatient Therapies for COVID-19 Clinical Pathway
- If concern for MIS-C: use MIS-C Clinical Pathway
- If signs of sepsis: use Sepsis Clinical Pathway
- If clinical picture consistent with bacterial pneumonia: use Community Acquired Pneumonia Clinical Pathway

### <sup>2</sup>COVID-19 Tests and Indications for Use in Emergency Department

- COVID-19, influenza A/B, RSV LIAT (multi-viral panel): not for screening purposes
  - If concern for COVID-19 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., imminent inpatient psych admission in a unit that requires testing)
  - o If symptomatic and only testing for COVID-19
- COVID-19 only lab (through HHC):
  - If patient is being discharged home and requires testing if dinically indicated

#### \_\_\_\_\_

• See COVID-19 Inpatient Care on page 2

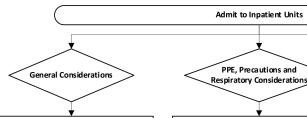
**NEXT PAGE** 





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

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL



#### Transfer and Admission of Patient

- Room based on standard procedures or COVID-19 PICU Surge Plan
- Refer to Appendix B: Transferring a COVID-19 Patient
  - Ensure receiving unit is ready for patient arrival prior to transfer
  - Transport patient in empty elevator

#### Visitor Guidelines

Follow Visitor Guideline for Inpatient

#### 3COVID-19 PCR Screening

- Universal COVID-19 screening is no longer required for all admissions, unless the patient is symptomatic or had dose contact\* with COVID-19 in the past 10 days (or 20 days if diagnosed with an immune deficiency)
- For patients who had close contact\* with COVID-19 in the past 10 days (or 20 days if they have an immune deficiency), testing can be deferred if they tested positive in the last 4 weeks and are not newly symptomatic
  Direct admissions who require testing
- will be tested by the inpatient floor staff (patient to be on Special Precautions until result retums)
- If tested, patient and caregivers must remain confined to room until COVID-19 PCR test results negative
  - Caregivers may leave the hospital but must avoid use of shared spaces until test negative
- Place on Special Precautions if:
  - COVID-19 PCR test is positive
  - COVID-19 PCR test is negative but there is high clinical suspicion of COVID
  - Patient has had a COVID exposure/close contact1 within the last 10 days
- See Appendix A: COVID-19 Testing **Guidelines** for specific recommendations

#### COVID-19 PPE

PPE, Precautions and

- Please follow specific PPE recommendations for specialized areas See COVID-19 PPE Guidelines on
  - Intranet Caregivers must mask when leaving

patient room, or when team member enters room

For COVID negative patients with COVID exposure/close contact\* in the past 10 days:

- Place on Special Precautions to complete a full 10 day quarantine
- Consider discontinuing precautions at end of 10 day quarantine if asymptomatic and no new risk factors

For COVID positive patients (or COVID negative but with high dinical suspicion of COVID infection):

- Place on Special Precautions
- Consider discontinuing Special Precautions (while still following PPE guidelines based on patient risk criteria – see COVID-19 PPE Guidelines) when following criteria met:
  - If never symptomatic (and remains asymptomatic): 10 days from first positive test (20 days if immunocompromised)
  - 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)

## **Respiratory Considerations**

Follow COVID-19 PPE Guidelines for aerosol-generating procedures

#### If patient on Special Precautions requires CODE or MET:

- Use designated code cart
- Keep door closed if possible
- Use electronic communication devices as able (code cart RN and Recorder RN)
- Only key personnel in room
- All personnel in room must wear full COVID-19 PPE

# Initial Management

Evaluation and

Treatment

(If not already completed in ED)

#### COVID testing:

- Send COVID-19 lab testing through HHC3
- A COVID-19 LIAT test may be ordered from the inpatient units in unique situations
  - If concern for COVID-19 or influenza infection (e.g., symptomatic) and result needed immediately:
    - COVID-19, influenza A/B, RSV LIAT (multi-viral panel)
  - If asymptomatic and requires screening (e.g., imminent inpatient psych admission to unit that requires testing):
    - COVID-19 only LIAT
  - If going to OR/sedation and newly symptomatic (change in baseline) in prior 5 days before procedure and no positive test in the past 4 weeks:
    - COVID-19 only LIAT if clinically indicated per surgery/
- Reserve respiratory BIOFIRE for critically ill patients
- See Appendix A: COVID-19 Testing Guidelines for testing guidelines
- If COVID-19 positive:
  - Place patient on Special Precautions
  - Consult Infectious Diseases
  - If initial COVID-19 test negative:
  - See Appendix A: COVID-19 Testing Guidelines for recommendations for repeat testing

#### Management:

- Utilize VTE Prophylaxis Clinical Pathway to determine interventions to prevent or treat for thrombosis
- If mild COVID-19 infection:
  - Care per primary team
  - If high risk for progressing to severe COVID-19 illness: consider need for Outpatient Therapies for COVID-19; consult Infectious Diseases
- If hospitalized <u>due to</u> COVID-19 and/or moderate-severe infection due to COVID-19:
  - Proceed to Inpatient Therapies for COVID-19 Clinical Pathway for work up and management
- If concern for MIS-C: use MIS-C Clinical Pathway
- If signs of sepsis: use Sepsis Clinical Pathway
- If clinical picture consistent with bacterial pneumonia: use Community Acquired Pneumonia Clinical Pathway

#### \*Close Contact Risk

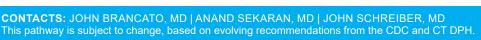
- Living in the same house or visiting someone with confirmed/suspected COVID-19
- Being within 6 feet of someone with confirmed/suspected COVID-19 for ≥15 minutes over a 24 hour period, starting 2 days prior to the diagnosis
- Direct contact with infectious secretions with someone with confirmed COVID-19

#### **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









# CLINICAL PATHWAY: CT Children's ED and Inpatient COVID-19 Algorithm

Appendix A: Screening and Re-testing Guidelines

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

#### **COVID-19 Testing Guidelines**

- Universal COVID-19 screening is no longer required for all admissions, unless:
  - o 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 test<sup>1</sup> to be ordered and sent in the ED <u>prior</u> 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:
  - o If test is required due to symptoms or exposure, COVID-19 test<sup>1</sup> to be sent by inpatient floor staff
  - o 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:
  - o 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
  - o Will require full utilization of COVID-19 PPE
  - Patient is <u>no longer infectious</u> (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)

#### <sup>1</sup>COVID-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
  - o If asymptomatic for COVID-19 and utilized for screening (i.e., or imminent inpatient psych admission that requires testing)
  - $\circ \qquad \hbox{If {\it symptomatic} and {\it only testing} for COVID-19}\\$
- COVID-19 only lab (through HHC):
  - o If patient is being discharged home and requires testing if clinically indicated









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

# **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 <u>no longer infectious</u> (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:

- o 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

### <sup>1</sup>COVID-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):
  - $\circ \qquad \text{If patient is being discharged home and requires testing if clinically indicated} \\$









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

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.



RETURN TO THE BEGINNING

