

## Single Rapid Test Criteria for Patients Admitted with Suspicion for COVID-19

There are two methods available to rapidly evaluate patients for SARS-CoV-2 infection: a rapid SARS-CoV-2 assay with very limited supply and the Respiratory Pathogen Panel (RPP) which detects SARS-CoV-2 along with many other respiratory pathogens. Generally urgent testing (turn around time <3 hours) has been reserved for use in laboring mothers, pediatric oncology patients, pre-solid organ transplant, and emergent surgical procedures to rapidly triage patients. As the RPP is more expensive, detects other viruses which are less likely to be present, and lacks cycle threshold data it has generally been reserved for time when testing for additional pathogens (non-SARS-CoV-2) has been required. With the current surge in COVID-19 infections and the need to rapidly triage patients while maintaining bed availability the RPP can be utilized to determine the most appropriate inpatient admission location for emergency department patients with symptoms that could be due to COVID. The turnaround time for the RPP is relatively short (about 2 hours).

Patients with suspicion of COVID-19 based on symptoms who require hospital admission, can have a single nasal pharyngeal (NP) swab test **using the Respiratory Pathogen Panel (RPP)** utilized if they meet the following criteria:

- Typical COVID signs/symptoms (any combination of the following: fever/chills, cough, sore throat, headache, body aches, shortness of breath, hypoxia, diarrhea) **with duration <5 days**
- No new loss of taste or smell
- No ground glass opacities/multifocal pneumonia seen on CXR/CT scan without confirmed alternative explanation
- No known exposure to a confirmed COVID-19 case within the last 14 days
- No attendance at a large group gathering (wedding, funeral, party, etc) within the last 14 days or other concerning epidemiologic scenario\*

\*Patients presenting from high-risk group living situations (jail/prison, long term care facility, group home, homeless shelter, etc) with typical symptoms should be discussed with the admitting teams, since these patients may require 2 tests to rule-out COVID-19 depending on clinical presentation and the presence of an established alternative diagnosis.

If the patient meets the above single test criteria, a single Respiratory Pathogen Panel (RPP) test is adequate to rule out COVID-19. Disposition to an appropriate inpatient location should occur AFTER RPP test results are available, and should be discussed with the admitting team. Patients with positive SARS-CoV-2 results on the RPP should be admitted to the COVID units, and patients with negative SARS-CoV-2 results on the RPP can be admitted to a NON-COVID location. **Do not use the RPP in asymptomatic patients or as part of routine admission screening.**