

Universal COVID testing for admitted and transferred patients (Updated 06/25/2020)



Given the increasing prevalence of COVID-19, Nebraska Medicine will begin testing all admitted and transferred patients for the presence of SARS CoV-2. All admitted patients should be evaluated for possible symptoms of COVID even if their presenting complaint is not respiratory in nature. Those patients with symptoms suggestive of COVID-19 infection should be tested and managed using the processes already in place (i.e. placement in a negative pressure room on a COVID unit and N-95, gown, gloves, and face shield for PPE). Those without symptoms will be screened for asymptomatic infection.

The below guidance outlines the process of caring for a patient requiring admission for surgical and/or medical reasons without symptoms suggestive of COVID-19 infection. Planned surgical admissions should continue to use the pre-procedural workflows already defined.

- All asymptomatic admitted and transferred patients should have baseline COVID testing at admission unless they have had a negative pre-procedural screen within 72 hours of admission.
 - The exception is those who have previously tested positive for COVID-19. Patients who have tested positive within the last 3 months using an approved laboratory (NM or elsewhere) should not be tested. An approved laboratory list can be found [here](#).
 - If test results cannot be confirmed, admission screening is required.
- Testing should be collected at the earliest opportunity after the decision to admit is made
 - If a patient is admitted through the emergency department specimen collection and testing should be initiated in the ED. If specimen collection is not completed in the ED, it should occur upon arrival to the inpatient unit.
 - If the patient is transferred from an outside facility, the testing should occur on arrival to the inpatient unit.
 - For patients directly admitted through an ambulatory clinic, specimen collection and testing should be initiated in the clinic if possible. If specimen collection cannot be completed in the clinic, it should occur upon arrival to the inpatient unit.
- The order for COVID testing should be entered by the admitting service. In the instances of a direct admission from the ED or clinic, the requesting clinician should place the order for collection in the ED or clinic.
- The appropriate level of PPE for asymptomatic patients at various points during their admission are outlined below
 - During collection of the COVID nasopharyngeal swab PPE should be as previously outlined for this procedure: N-95, gown, gloves and face shield or goggles
 - Aerosol generating procedures (AGPs) should generally be deferred while the test is pending, but if they must be performed should be done using COVID level PPE: N-95, gown, gloves, and face shield or goggles.
 - For patients requiring any of the following therapies (i.e. CPAP, BiPAP, High Flow oxygen when a procedure mask cannot be worn, nebulized medications) during the period when COVID testing is pending standard NM universal precautions should be worn: HCW procedural mask and eye protection; patient mask.
 - For asymptomatic patients with pending COVID test results PPE should consist of standard NM universal precautions: HCW procedural mask and eye protection; patient mask
 - For patients with a negative COVID test result all cares should be performed using standard NM universal precautions: HCW procedural mask and eye protection; patient mask

- Patients without signs or symptoms of COVID will be admitted to a non-COVID unit while COVID testing is pending
- In the rare instance a patient's asymptomatic screen comes back positive, they will be transferred to a COVID unit.
 - Asymptomatic positive: Those patients who continue to lack symptoms of infection will have the admitting team maintain care of the patient upon transfer to the COVID unit. If symptoms develop one of the COVID teams will be contacted to discuss co-management or whether assumption of care should occur.
 - Symptomatic positive: If a patient has begun to develop symptoms suggestive of COVID their care should be transferred from the admitting team to a COVID team.
 - Both asymptomatic and symptomatic positive patients will remain on a COVID unit for 21 days from the date of the positive test or until 2 negative COVID test results have occurred (whichever is earlier) or the patient is discharged from the hospital.
 - Asymptomatic positives: If a patient remains asymptomatic testing to exit isolation can begin on day 7
 - Symptomatic positives: Those patients that develop more classic symptoms of infection will have repeat testing started once symptoms have improved and fevers have subsided
- Asymptomatic patients on non-COVID units should only have repeat COVID testing occur in the following circumstances
 - Pre-procedure screening test should be repeated prior to a procedure if greater than 72 hours from last test. Patients hospitalized greater than 14 days only need 1 test on or after the 14th day to demonstrate persistent negative status after that further testing is not needed.