
General Information:

The novel coronavirus was first detected in Wuhan, China, and has spread rapidly throughout the world. Cases have been identified in multiple countries, including the United States.

It is believed COVID-19 is spread through respiratory droplet transmission. Person-to-person spread is believed to occur among people in close contact (within ~ 6 feet) with each other. It is possible that a person may be able to be infected by touching a surface or object that has been contaminated by the virus, and then touching their own mouth, nose or eyes.

Signs and Symptoms:

It is believed symptoms may appear between 2-14 days after exposure. Symptoms include mild to severe lower respiratory illness:

- Fever
- Cough
- Shortness of breath

In some instances, GI symptoms also occur including diarrhea, nausea and vomiting. Kidney failure and pneumonia have also been reported.

<table>
<thead>
<tr>
<th>Epidemiologic Risk</th>
<th>Clinic Features</th>
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<tbody>
<tr>
<td>Close contact** with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact AND</td>
<td>Fever* OR symptoms of lower respiratory illness (cough or shortness of breath)</td>
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<tr>
<td>History of travel within 14 days of symptom onset\x</td>
<td>Fever with severe acute lower respiratory illness (i.e. pneumonia, ARDS) and without alternative explanatory diagnosis (i.e.) influenza\y</td>
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<tr>
<td>No source of exposure has been identified</td>
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*Fever must be measured; CANNOT be subjective
** Being within 6 feet for a prolonged period (10 minutes or longer) or having direct contact with infectious secretions of a case
\x Recommended other respiratory tests are performed based on symptoms (i.e.) rapid influenza, rapid strep, respiratory viral panel and if positive laboratory results, COVID-19 testing will not be conducted
\y History of travel includes travel outside of the US to countries with travel advisories, and states with cases of COVID-19, attendance at mass gatherings (i.e.) conferences cruises, concerts, etc.
Guidance for Evaluation and Management of Patients

Provider/Caller Name: ____________________________

Provider/Caller Phone: ____________________________

Provider/Caller Affiliated Organization: ____________________________

Risk Assessment

Demographics

Name (last, first): _______________________________________________________

Address: ______________________________________________________________

City/State/Zip: __________________________________________________________

Phone (home): ___________ Phone (work/cell): ________________

Alternate contact: □Parent/Guardian □Spouse □Other

Name: __________________________________ Phone: __________________________

Birth date: __ / __ / ____ Age: _____ Sex: □Male □Female □Unknown

Medical Assessment & Evaluation

1. Does patient have history of travel to China, Iran, Italy, Japan or South Korea in last 14 days? □Yes □No

If yes Travel Destination(s) and date(s): __________________________________________

2. Does patient report a fever? □ Yes □ No □ Subjective

Recorded temperature: ______ °F

Were fever reducing medications used prior to patient presentation? □Yes □No

If yes, last dose: __________________________________________

3. Does patient have one or more of the following clinical findings of respiratory illness?

   Cough □Yes □No
   Shortness of breath □Yes □No
   Difficulty breathing □Yes □No
   Fatigue □Yes □No
   Chills □Yes □No
   Runny Nose □Yes □No
   Congestion □Yes □No
   Other: □Yes □No
Please List: ________________________________________________________

4. Did the patient have a chest X-ray? □ Not performed □ Pending □ Normal □ Abnormal
   □ Pneumonia □ Other
   Date Performed: ____________________________
   If Other: ___________________________________

5. Did the patient have a rapid influenza test? □ Not performed □ Pending □ Negative □ Positive
   Date Performed: ____________________________

6. Did the Patient have a respiratory panel test? □ Not performed □ Pending □ Negative □ Positive
   Date Performed: ____________________________
   Positive for: ________________________________

7. Do you anticipate that this patient will require admission to the hospital? □ Yes □ No □ Unknown
Decision Algorithm

No → Proceed with Routine Encounter

Yes →

Assess Patient for:
Fever and/or symptoms of lower respiratory illness

Complete the following:
1. Place surgical mask on patient
2. Isolation patient in single room, with door closed, when possible use a negative pressure, airborne isolation room
3. Implement contact precautions + airborne precautions with eye protection and don appropriate PPE
4. Contact infection control

Contact KDHE*
1-877-427-7317
KDHE will determine if testing for COVID-19 is warranted
*If sending to private reference laboratory, KDHE approval is not needed

If able at your facility, perform OP and NP Swab, package and ship appropriately. Follow guidelines

Patient must remain isolated (at home or in hospital) while awaiting test results.

If unable to perform specimen collection, contact a provider who is able to perform testing (see list)

Inform RCHD
785-317-0474
Or
Epi.surveillance@rileycountyks.gov

If able at your facility, perform OP and NP Swab, package and ship appropriately. Follow guidelines

Inform RCHD
785-317-0474
Or
Epi.surveillance@rileycountyks.gov

Patient must remain isolated (at home or in hospital) while awaiting test results.

Instruct patient to call ahead to hospital and follow instructions given

In the last 14 days:
Travel to location under CDC Travel Advisory Level 2 or Warning Level 3
Or
Close contact with a person known to have COVID-19 illness?
OR
Present with Fever and acute lower respiratory illness (i.e.) pneumonia or ARDS without alternative diagnosis