COVID-19 Testing Guidance

General Principles

1. COVID-19 testing should only be performed if it changes patient management
   a. Example of over-testing: Patients who are transferred in with an existing positive COVID-19 test from an outside hospital

2. Point-of-care (‘Rapid’) COVID-19 testing on inpatients is discouraged as it is resource intensive. Order routine COVID-19 testing for most patients, with turnaround time of 1 day.

3. For inpatients, repeat COVID-19 testing (i.e., ordering a 2nd COVID-19 test if 1st test is negative) to make an initial COVID-19 diagnosis may be considered any of the following situations:
   a. High clinical suspicion with no alternative diagnosis, worsening respiratory status, clinical deterioration, OR admission to ICU (endotracheal sample or bronchoalveolar lavage after intubation preferred)

4. “Presumptive COVID-19” patient status
   a. Even if all COVID-19 testing is negative (regardless of number of tests), if the patient has clinical features concerning for COVID-19, then admit to COVID-19 unit with COVID-19 infection precautions and add EPIC infection status for “Presumptive COVID-19”.
      i. COVID-19 clinical features include compatible symptoms, chest X-ray/CT findings, or undifferentiated respiratory illness

Whom to test for COVID-19

1. A patient with symptoms or signs consistent with COVID-19.
   a. Symptoms include: Fever (including subjective fever and chills), cough, shortness of breath, sore throat, body aches, or new loss of taste/smell.
2. Patients for whom universal COVID-19 testing is currently considered (this list will change over time based on community COVID-19 prevalence, indication, and testing availability):
   a. Patients admitted with any of the following risk factors: homelessness, congregate settings (e.g., nursing home, homeless shelters, jail/prison)
   b. Pregnant women admitted for Labor and Delivery
   c. Patients undergoing transplant (solid organ or hematologic transplant) or chemotherapy treatment
   d. Patients prior to OR/IR/endoscopy procedure or prior to any aerosol-generating procedure of the airway / upper digestive tract

**Considerations for Outpatient Re-Testing (e.g., return visit to emergency room or primary care setting)**

<table>
<thead>
<tr>
<th>Prior COVID-19 Test Result</th>
<th>Current Outpatient Symptoms</th>
<th>COVID-19 Re-Test?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Continued symptoms, not improving</td>
<td><strong>No</strong>: COVID-19 infection already established. Assess for symptoms/signs of severe COVID-19 disease. Search for other causes of symptoms.</td>
</tr>
<tr>
<td></td>
<td>New episode of COVID-19-like symptoms</td>
<td><strong>Yes</strong>: to diagnose re-infection. Since re-infection is rare, and prolonged (4-6 weeks) shedding of COVID-19 RNA remnants <em>without live virus</em> has been described, search for other causes of symptoms.</td>
</tr>
<tr>
<td>Negative</td>
<td>Continued symptoms, not improving</td>
<td>Consider re-testing if symptoms consistent with COVID-19. Search for other causes of symptoms.</td>
</tr>
<tr>
<td></td>
<td>New episode of COVID-19-like symptoms</td>
<td><strong>Yes</strong>. Search for other causes of symptoms.</td>
</tr>
</tbody>
</table>