



Guidance Date 9/29/20

GUIDANCE ON COVID TESTING

The purpose of this document is to provide guidance on COVID testing across The Queen’s Health Systems. For pre-procedural screening of asymptomatic patients, refer to the separate guidance document (Preprocedural COVID-19 Testing Algorithm). Testing should be considered for the following individuals:

Clinical Features		Epidemiologic Risk
Signs/symptoms of COVID-19 (see below) per provider’s clinical judgement	&	None Required
Asymptomatic	&	Close contact with a confirmed COVID-19 patient within 14 days*

*Close contact is defined (per CDC) as “within 6 feet for >15min (caring for, living with, visiting, or sharing a waiting room)” or “direct contact with secretions (i.e., being coughed on).” Casual interaction (defined per CDC as “walking by the person or briefly being in the same room”) does not count as close contact.

Hospitalized patients with COVID-19 have the following diagnostic features: (Reference CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>)

- Leukopenia (9-25%)
- Leukocytosis (24-30%)
- Lymphopenia (63%)
- Elevated AST/ALT (37%)
- Normal procalcitonin
- Bilateral involvement of the lungs including multiple areas of consolidation and ground-glass findings

The most common symptoms of COVID-19 are: (Data from the United States from February 12-April 2, 2020)

https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm?s_cid=mm6914e4_w

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

1. Cough, Fever, or SOB (93%)
2. Cough (80%)
3. Fever (71%)
4. Myalgia (61%)
5. Headache (58%)
6. Shortness of breath (43%)
7. Chills
8. Repeated shaking with chills (rigors)
9. Sore throat
10. New loss of taste or smell
11. Diarrhea