

Lifespan Algorithm to Assess ED/Inpatients with symptoms suggestive of respiratory viral infection: cough, fever, sore throat, shortness of breath

Note: COVID-19 can present w/other symptoms: loss of or reduced smell and/or taste, or GI symptoms-nausea, vomiting, diarrhea

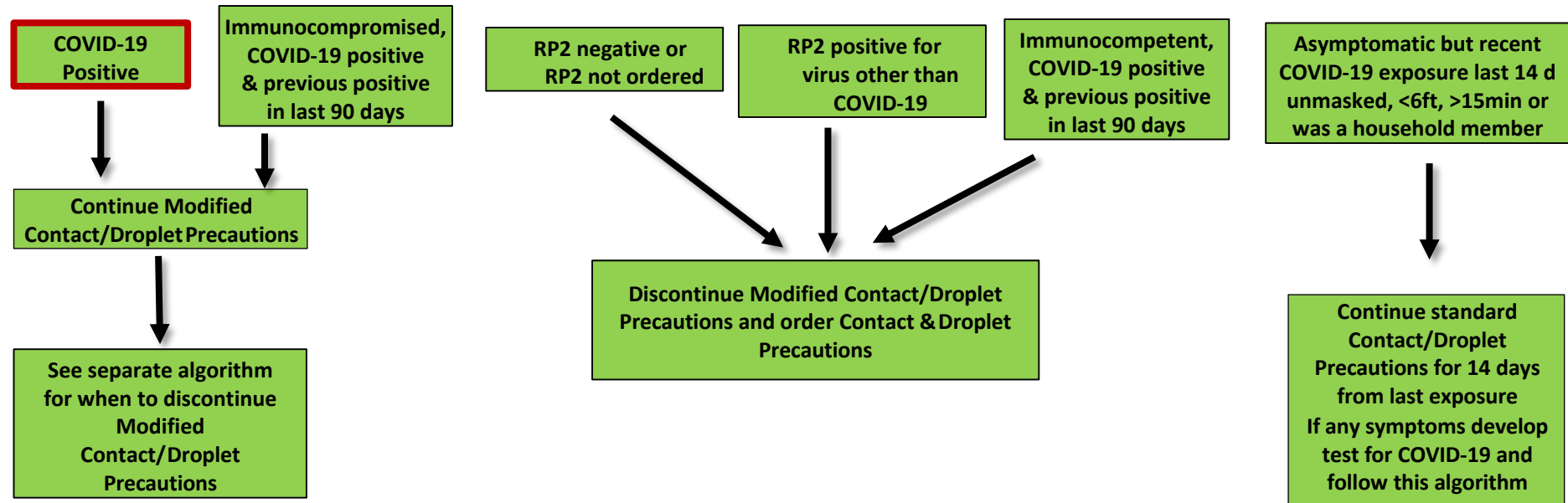
**Patient should be masked, if unable to do so ask to cover their mouth with facial tissue, hands cleaned with Purell
If outpatient setting, see outpatient algorithm on intranet**

Initiate Modified Contact & Droplet Precautions (mask, eye protection, gown & gloves) *and* give mask to patient to wear when anyone enters their room

If likely to be *discharged*: consider testing for influenza and consider COVID test if: a) no prior COVID + test; b) immunocompetent and >90 days since previously + COVID-19 test; or c) immunocompromised even if <90 days since last + COVID-19 test

If being *admitted*, order Respiratory Pathogen Panel 2 (RP2; includes COVID-19; does not include pertussis)

For any patient requiring an aerosol-generating procedure (AGP): Place in negative-pressure room if available, if not available, use a portable HEPA filter (priority for patients with confirmed COVID-19 receiving an AGP); wear gown, gloves and use a CAPR or N95 and eye protection



Patients admitted with symptoms of respiratory viral infection and who have *positive* testing for influenza or SARS Co-V2 (ie, COVID-19) should be in a private room; if cohorting necessary, cohort with a patient who has positive testing for the same virus. Patients with confirmed influenza (w/o COVID-19 co-infection) remain on isolation precautions until 7 d after symptom onset or 24 hrs after fever & respiratory symptoms resolved, whichever is longer. For other *human* respiratory viruses (w/o COVID-19 co-infection) remain on isolation precautions until fever & respiratory symptoms resolved. Contact infection control dept to discuss discontinuation of isolation precautions in patients with influenza or *human* respiratory viruses (w/o COVID-19) co-infection in whom it is difficult to determine if symptoms due to viral infection have resolved (e.g., concomitant reactive airway disease or who remain intubated).