

COVID –19 Protocol—March 13, 2020

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In this time of rapid change and new procedures to deal with COVID-19. The CDC recommends testing be focused on patients compatible with COVID-19. This will obviously change daily as the local epidemiologic risk changes as well as the availability of tests. Remember that congestion and sore throat are less common symptoms. Focus on the cough, on and off fever, fatigue, and

(4)	Myalgia or Arthralgia (14.8%)	Nasal Congestion (4.8%)
)	Sore Throat (13.9%)	Diarrhea (3.7%)
)	Headache (13.6%)	Hemoptysis (0.9%)
)	Chills (11.4%)	Conjunctival Congestion
)	Nausea or Vomiting (5.0%)	

RISK:

DYSPNEA or other compatible symptoms

HEALTH CARE CONTACT of a lab-confirmed case in 14 days

GEOGRAPHICALLY (Italy, Iran, China, etc.)

FLOWCHART for MA in case of Flu, oxygen

Control: AIRBORNE/eye shield, gown,

PE
Line 1-800-456-7707

MODERATE RISK:

FEVER or COUGH or DYSPNEA or other compatible symptoms

AND:

History TO A MODERATELY AFFECTED AREA in 14 days, or an evolving area

OR CONCERN about exposure to a suspected person

Notify MA or PCP

If PCP, after reviewing the risk for exposure, determines COVID-19 testing is appropriate:

Testing:

- Patient with face mask
- COVID visit—follow FLOWCHART for MA in PPE assessment at car of Flu, oxygen saturation
- PPE: surgical mask, eye protection, gloves and gown
- If supplies run short we will evaluate based on the CDC recommendations below.
- Call UTAH DOH Provider Line 1-800-456-7707
- [PUI Forms](#)

LOW

Symptoms not specific for COVID-19

No direct contact exposure

Testing:

- Patient with face mask in waiting room
- MD evaluation for COVID-19
- Follow infection control clinical scenario