Interim guidance for COVID-19 testing and patient placement in patients with acute respiratory illness with or without fever
(Age to < 25 years; for infants < 10 days, see page 2)

Aim: To dynamically refer to the information page for updates. This guideline is not a substitute for professional medical advice, diagnosis or treatment.

Disclaimer: This guideline is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.

Patient with symptoms of acute respiratory illness\(^2\) (cough, shortness of breath, difficulty breathing or pain with breathing, sore throat) with or without fever?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage per routine.</td>
<td>Select Standard precautions or transmission-based precautions as appropriate per condition.</td>
</tr>
<tr>
<td>Acceptable specimen:</td>
<td>Adhere to universal masking guidance.</td>
</tr>
</tbody>
</table>

Are aerosol-generating procedures (AGP) anticipated?

- Open suctioning of airway secretions
- Sputum induction
- Cardiopulmonary resuscitation (CPR)
- Endotracheal intubation and extubation
- Non-invasive positive pressure ventilation (NIPPV) (e.g., BiPAP, CPAP)
- Bronchoscopy
- Manual ventilation
- Nebulizer administration
- High-flow oxygen delivery
- Tracheostomy
- Nasal endoscopy or endoscopic sinus surgery
- Flexible laryngoscopy
- Transphenoidal surgeries
- Nasogastric or nasojugal tube placement
- Nitrous oxide sedation
- See also aerosol-generating procedures

Test status and anticipated care needs at time of admission:

- COVID-19 negative — standard room, transmission-based precautions per patient condition\(^3\)
- COVID-19 positive or pending with anticipated or planned AGP — AIIR, airborne and contact precautions with eye protection\(^3\)
- COVID-19 positive or pending with NO anticipated or planned AGP — standard room, contact and droplet precautions with eye protection\(^2\)

Test: SARS-CoV-2 RNA Detection (COVID-19 POC)\(^3\)

- Preferred specimen: Nasopharyngeal (NP) with flocked flexible mini-tip NP swab
- Acceptable specimen: Anterior nares with flocked regular nasal swab
- Specimen collection: Adhere to contact/droplet precautions, including eye protection and surgical mask.

COVID-19 testing is generally not indicated\(^4,5\) for ED and clinic patients who are well enough to return home.

Provide instructions for care at home, including the following:

- Measures for symptom relief and comfort.
- Need for self-isolation of patient and any ill family members for:
  - at least 7 days have passed since symptoms first appeared, and
  - at least 3 days (72 hours) have passed since recovery defined as improvement of respiratory symptoms and resolution of fever without the use of fever-reducing medications.
- If illness worsens, patients and families should call their primary care clinic prior to presenting for care.
- Patients and ill family members should isolate themselves from household and intimate contacts as much as possible. Household and intimate contacts of these individuals should limit their activities in public for 14 days after incorporating precautions in the home and monitor for symptoms.

NOTES:

1. Information on COVID-19 incidence and management is rapidly evolving. Refer to www.CDC.gov, www.who.int, www.health.state.mn.us, or Children’s MN COVID-19 information page for updates. This guideline is updated by clinical leadership as new recommendations emerge.
2. Patients with chronic, complex medical needs may exhibit non-standard symptoms of infection. Clinicians may consider testing in these patients when there is a significant change from their baseline (e.g. increased seizures).
3. Staff will adhere to best practices for PPE conservation as detailed in COVID-19 PPE and Isolation Precautions.
4. Although COVID-19 testing is generally not indicated in the outpatient setting, there are situations in which COVID-19 testing is warrant (e.g. individuals living in congregate settings, those with immunocompromised status, patients receiving in-home nursing services, newborns of mothers with confirmed COVID-19). For outpatients, order SARS-CoV-2 RNA Detection (IML) to route testing to Mayo.
5. Negative results are routed to ordering provider/department per standard resulting process. If applicable, precautions order may be updated. Positive results are called to IPC and ordering provider/department. For both negative and positive results, ordering provider/department communicates results to patient/family. Routine management per symptoms.

Reviewers: Sznewajs, Sicoli, Chawla, Boe

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Children's MINNESOTA
Aim: To dynamically provide interim guidance on pathogen testing and patient placement for patients with clinical signs/symptoms consistent with COVID-19.

For infants and individuals > 10 days old, see page 1.

Is the infant > 10 days old?
- No: Refer to ED/Ambulatory Interim Guideline on previous page.
- Yes: Does the infant have symptoms of acute respiratory illness (cough, shortness of breath, difficulty breathing) with or without fever?
  - Yes: Is the infant admitted to an inpatient unit (e.g., NICU, ICC)?
    - Yes: COVID-19 testing recommended while inpatient on or after 48 hours of life.
    - Rapid, in-house COVID-19 testing:
      - Order: SARS-CoV-2 RNA Detection (COVID-19 PCR)
      - Preferred specimen: Nasopharyngeal (NP) with flocked flexible mini-tip NP swab
      - Acceptable specimen: Anterior nares with flocked regular nasal swab
      - Specimen collection: adhere to contact/droplet precautions, including eye protection and surgical mask.
  - No: Is the infant’s mother suspected or confirmed to have COVID-19?
    - Yes: COVID-19 testing recommended at first newborn well-child check or if seen in ED during first 10 days of life.
    - Send-out testing at Mayo:
      - Order: SARS-CoV-2 RNA Detection (MML) (COVID-19 PCR)
      - Preferred specimen: Nasopharyngeal (NP) with flocked flexible mini-tip NP swab
      - Acceptable specimen: Anterior nares with flocked regular nasal swab
      - Specimen collection: adhere to contact/droplet precautions, including eye protection and surgical mask.
    - No: Does the infant have symptoms of acute respiratory illness (cough, shortness of breath, difficulty breathing) with or without fever?
      - Yes: DO NOT TEST.
      - No: COVID-19 testing recommended while inpatient on or after 48 hours of life.
      - Rapid, in-house COVID-19 testing:
        - Order: SARS-CoV-2 RNA Detection (COVID-19 PCR)
        - Preferred specimen: Nasopharyngeal (NP) with flocked flexible mini-tip NP swab
        - Acceptable specimen: Anterior nares with flocked regular nasal swab
        - Specimen collection: adhere to contact/droplet precautions, including eye protection and surgical mask.
      - No: Refer to ED/Ambulatory Interim Guideline on previous page.