



## **COVID-19 Ambulatory Testing and Management Guidelines**

This document outlines general management and appropriate testing strategies (and supplements the ambulatory protocol) for outpatients at any Columbia, NYP or WCM practice. These protocols balance the reality of limited COVID-19 testing capacity, longer-than-ideal turnaround time for testing, risks to the public and to healthcare workers of exposure to infectious patients, and the use of our limited PPE supply for what might be an unnecessary test/visit. Since this is a rapidly evolving process, we will continue to update this document as needed. At this time, ambulatory testing will be sent to commercial labs as the NYPH test is limited to use in the ED and inpatient environments. There is no need to call DOH for testing approval. Testing of healthcare workers must be coordinated through Workforce Health and Safety.

### **Clinical Scenarios:**

1. Asymptomatic patients without exposure to confirmed COVID patient or PUI<sup>1</sup>
  - a. Do not test for COVID
  - b. If becomes symptomatic, see scenarios 3-5.
2. Asymptomatic patient with exposure<sup>2</sup> to confirmed COVID patient or PUI
  - a. Do not test for COVID
  - b. Quarantine for 14 days (using CDC guidance)
  - c. If becomes symptomatic, see scenarios 3-5.
3. Low risk patient (without significant comorbidities, under age 65) with mild symptoms (typical URI sx, fever less than 102, no shortness of breath)
  - a. Do not test for COVID
  - b. Manage symptomatically
  - c. Isolate at home (see below) for a minimum of 7 days after symptom onset and until afebrile for 72 hours with resolving respiratory symptoms.
  - d. If significant worsening, see scenario 4.
4. Low risk patient (without significant comorbidities, under age 65) with moderate-severe symptoms (fever >102, cough, SOB, GI symptoms, etc)
  - a. Consider empiric treatment for influenza or pneumonia (if visit is via video or phone)
  - b. Isolate at home (see below) for a minimum of 7 days after symptom onset and until afebrile for 72 hours with resolving respiratory symptoms.
  - c. Consider in office evaluation including diagnostic testing with rapid flu test, respiratory viral panel, labs, CXR and COVID testing.
  - d. **For pregnant women:** As the symptoms of COVID-19 overlap with those of influenza, if evaluating a patient for COVID-19, always send influenza testing as well. Consider starting Tamiflu while waiting for influenza test results to return.
5. High risk patients (65 and over, COPD, diabetes, cardiac disease, immunocompromised) with mild symptoms
  - a. Consider empiric treatment for influenza or pneumonia (if visit is via video or via phone).
  - b. Isolate at home (see below) for a minimum of 7 days after symptom onset and until afebrile for 72 hours with resolving respiratory symptoms.



- c. Consider in office evaluation including diagnostic testing with rapid flu test, respiratory viral panel, labs, CXR and COVID testing.
  - d. Daily check in to monitor for symptoms that would warrant revisit or referral to the ED. Instruct patient to don a mask before entering the ED or the practice.
6. High risk patient with moderate-severe symptoms (fever > 102, cough, SOB)
- a. Direct to the ED.
  - b. Instruct patient to don a mask before paramedics arrive and/or before entering the ED

NOTE: If the patient does not otherwise meet eligibility for COVID testing but lives with a high-risk family member (age > 65, COPD, cardiac disease, immunocompromised etc.) consider COVID testing **only if** it will impact patient management such as proper isolation from the family member and **only if** there are no shortages of PPE and/or testing supplies.

<sup>1</sup>Persons Under Investigation (or PUI) is defined as an individual who has undergone testing for COVID-19

<sup>2</sup>Exposure to a confirmed COVID patient requires close contact (within 6 feet) for prolonged period of time (lives with, shares office with, shares waiting area)

### **Addendum I: PPE**

- 1. All personnel entering the room of a patient with confirmed or suspected COVID-19 must do PPE appropriate for Contact and Droplet Precautions:
  - a. Gown
  - b. Mask with face shield
  - c. Gloves

N95 respirators are required during the performance of aerosol-generating procedures (e.g., **nebulized medication administration intubation**, cardiopulmonary resuscitation, bronchoscopy).

### **Addendum II: Isolation Instructions**

See the downloadable and printable link to CDC instructions. We will be working on tri-branded instructions in PDF format that we can handout as well as other language versions.

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

**New York City Department of Health: 866-692-3641**  
**Westchester County Department of Health: 914-813-5159**

**For more information, contact Infection Prevention & Control at: NYP-AH: 212-932-5219; NYP-CU and NYP-MSCH: 212-305-7025; NYP-LH: 914-787-3045; NYP-LMH: 212-312-5976; NYP-WC and NYP-WBHC: 212-746-1754; NYP-BMH: 718-780-3569; NYP-HVH: 914-734-3927; NYP-Q: 718-670-1255**