

COVID-19 Laboratory Testing Guide for IU Health Providers

Type of Testing	When this will be done	Isolation Type	Process	Repeat Testing
Inpatient COVID Testing for suspected patients	<p>Testing for inpatients who exhibit COVID signs/symptoms or are clinical warranted</p> <p>At provider's discretion</p>	<p>Enhanced Precautions-contact and droplet</p> <p>If approved aerosolization procedure: enhanced precautions airborne and contact.</p>	<p>For pending testing, patients are considered under investigation (PUI) Contact, droplet, and eye protection should be worn when caring for this patient</p> <p>If test is positive Leave patient in contact, droplet, and eye protection until criteria is met in the previous slide for removal from isolation</p> <p>If test is negative Patient can be removed from isolation if alternative etiology is identified Repeat testing can be considered if high clinical suspicion for infection remains, but the chances of repeat positives after a negative is very low (<5%). Repeating tests three times is currently not recommended.</p>	<p>Testing to remove from isolation can be done if: At least 7 days have passed since the onset of symptoms Patient has been afebrile for 72 hours Patient is overall improving as dictated by the primary physician</p> <p>IF ALL THE ABOVE CRITERIA ARE MET Send two COVID PCRs (should be 24 hours apart). If both negative, can DC isolation If either positive, repeat two PCRs (24h apart) after 3 days</p>
Outpatient Testing and Lab Surveillance Screening for COVID-19	<p>Testing for outpatients who exhibit COVID signs/symptoms or are clinical warranted</p> <p>At provider's discretion In general, only test if results would change decisions about care <u>Might consider in the following groups:</u> Patients in congregant living Patients from a high risk group Patients living with someone who is high risk Dialysis patients Patients unable to self quarantine Patients whose jobs require clearance prior to return to work Patients with upcoming admission to hospital, SAR, LTAC, or congregant living Asymptomatic patients if results would change management</p>	<p>Healthcare workers at testing centers will wear surgical masks, eye protection, gowns, and gloves for specimen collection (enhanced droplet isolation)</p>	<p>After the test is collected the patient will receive information about appropriate quarantine procedures</p> <p>The patient will be notified about results by the ordering physician (HCWs will be notified by the RN in the hub) If positive, the patient will be guided through quarantine procedures If negative, the patient will be instructed how to decide when to return to work</p>	<p>Repeated testing in outpatient settings is not recommended.</p> <p>If it has been 7 days since symptoms have started AND the patient has not had fever in at least 72 hours AND has improving respiratory symptoms, the patient is presumed to be non-infectious, but should wear a mask for a total of 14 days after symptom onset and throughout the duration of their cough.</p>

<p>Pre-op Lab Surveillance Screening for COVID-19</p>	<p>COVID screening may be considered prior to surgeries and procedures</p> <p>Tests should be reviewed by surgery prior to their date of surgery</p> <p>In all cases to be done in the OR, preop screening should be done prior to the procedure</p> <p>In inpatients, screening occurs by placing a Cerner order</p> <p>This should be done prior to the procedure being done</p> <p>In outpatients, a Cerner order should be placed, and the patient needs to schedule a Virtual Visit to get testing done</p> <p>This should be planned at least 24-96 hours prior to the procedure and no longer than 96 hours prior to the procedure.</p> <p>Surgeries on positive COVID patients should be delayed if possible.</p>	<p>Healthcare workers at testing centers will wear surgical masks, eye protection, gowns, and gloves for specimen collection (enhanced droplet isolation)</p> <p>Collection of COVID-19 specimen for preoperative screening in asymptomatic patients does not require extra PPE. The patient should wear an isolation mask until the test result returns</p>	<p>If the test is positive, consideration should be made for rescheduling surgery. If it cannot be and the procedure is...</p> <p>High risk (ENT/OMFS, Sinus, Thoracic, Bronch, ECT) Anesthesia and surgical team should wear N95s for the intubation and the procedure</p> <p>Low risk (others) Anesthesia should wear an N95 for intubations. The surgical team should wear regular surgical masks, but delay entering the room until 15-30 minutes after intubation.</p> <p>Emergent procedures should be treated empirically like they are positive (as above)</p> <p>If the test is negative, the procedure (high risk or low risk can occur as normal with only surgical masks)</p>	<p>Repeat testing is not currently indicated unless surgery is delayed. If this is the case, repeat testing should be performed 48-96h prior to the new OR date.</p> <p>If patient is admitted after the procedure, repeat testing is not required for future procedures unless the clinical status of the patient changes. This decision be guided by the primary team.</p>
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