

COVID-19 Results Management

Severe Symptoms (ED/Hospital)

Updated 05/13/2020

Please check hawaiihealthpartners.org for frequent updates to this algorithm.

Continued from
Testing Algorithm (ED/Hospital)

COVID-19 positive, severe sx

ED/Hospital

- Notify HDOH
- Notify patient

Labs

- CBC with diff
- CMP
- D-dimer
- Procalcitonin

Labs

(Guan et al. NEJM 2020)

- Median WBC 4.7
- **Lymphopenia 83.2%**
- Leukopenia 33.7%
- Thrombocytopenia 36.2%
- CRP, LDH, D- Dimers are frequently elevated
- AST/ALT are sometimes elevated
- PCT > 0.5 in 5.5% total, 13.7% severe, 24% ICU/death

Microbiology

(Current Thinking)

- Coinfection rates with other viruses and bacteria unclear
- Influenza positive makes COVID-19 less likely
- Bacterial infection is more likely with increased severity

Microbiology

- Nasopharyngeal swab for Influenza A/B AG reflex PCR
- Consider blood cultures and sputum culture

Imaging

(Guan et al. NEJM 2020)

- **CXR abnormal in 59.1%** total, 76.7% of severe
- **Chest CT abnormal in 86.2%** total, 94.6% of severe
- Most common abnormalities: ground glass opacities, bilateral patchy consolidations, peripheral distribution

Imaging

- CXR
- Consider Chest CT if there is diagnostic uncertainty

See Treatment Protocol

This algorithm is general guidance to practicing clinicians, may change with time, and is not intended to supersede the medical judgment of the clinician.

Please send in your questions to:
Covid19Bulletin@hawaiipacifichealth.org