



Clinician Check List

Evaluating Patients Who May Have COVID-19

COVID-19 Information for Health Professionals' main page

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The purpose of this checklist is to provide guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and facilitating testing, if indicated.

1 Identify patients who may have a febrile respiratory illness.

- Place visible signage requesting visitors with a fever and cough to immediately notify a healthcare staff. Posters are currently available in [English](#) and [Spanish](#).
- Screen patients at triage for signs or symptoms of febrile respiratory illness and if present, the patient should wear a surgical mask and be placed in a private room with the door closed or separated from others by at least 6 feet.
- Ensure all healthcare workers interacting with the patient don a surgical mask.

2 Implement infection control precautions for patient interview and exam.

- Patient should be in a private room with the door closed and should wear the surgical mask through all healthcare worker encounters.
- Healthcare workers should wear a surgical mask, gloves, and eye protection. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.

3 Determine if the patient has signs and symptoms compatible with COVID-19.

- Determine if the patient meets the LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria (see table) illness onset. Information on the clinical presentation of COVID-19 can be found in the CDC's [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019](#).

3-24-20
 COVID-19 diagnostic testing through the DPH Public Health Lab (PHL) will be accepted for patients admitted to intensive care units if your facility is experiencing substantial delays in obtaining a test result from a commercial clinical laboratory. PHL aims to maintain a turnaround time of ~1-2 business days after receiving specimen. Therefore, this recommendation will be regularly reassessed based on the volume of test requests through PHL and on the availability of COVID-19 commercial clinical laboratory capacity

LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria		
Clinical Features	and	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any healthcare worker (defined as a person providing direct clinical care to patients) who worked while symptomatic in an acute or long-term care facility ¹ -or- A resident of a long-term care facility -or- Paramedic personnel and Emergency Medicine Technicians (EMTs)
Part of a cluster of 2 or more cases of a presumed infectious acute respiratory illness within a 72-hour period	AND	Any congregate living setting (e.g. senior assisted-living facility, homeless shelters)

¹Note that all healthcare workers are advised to self-monitor for symptoms and not report to work if they are experiencing symptoms.

- IF patient meets criteria for COVID-19 Testing at PHL, then call LAC DPH and an on-call physician will advise on the next steps.
 - Call 213-240-7941 from 8:00am-5:00pm Monday to Friday and 213-974-1234 (After Hours Emergency Operator)
 - Please be prepared to provide a call back number and to wait for a call-back.
 - DO NOT collect or send specimens to PHL until the case is discussed and testing is approved by DPH (if approved, refer to [PHL specimen collection/transport instructions](#)).

Only contact LAC DPH if the patient meets the PHL COVID-19 testing criteria

- For patients not meeting PHL criteria, [commercial clinical laboratory](#) testing is available. LAC DPH recommends that providers only test patients with symptoms compatible with COVID-19 where a diagnostic result will change clinical management or inform public health response.

→ Follow the specimen collection and pick-up instructions as per your facility's designated commercial clinical laboratory. Work directly with the clinical laboratory for all questions regarding specimen collection and transport. There is no need to contact DPH unless the test result is positive.

4 If specimens are being collected, health care workers must don the appropriate PPE for the mode of COVID-19 specimen collection:

- **Nasopharyngeal and oropharyngeal sampling:** these procedures should be conducted wearing gloves, eye protection, and a surgical mask. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.
- **High risk aerosol generating procedures such as sputum induction or bronchoscopy require a higher level of PPE:** these procedures require gowning, gloving, N95 respirator, and eye protection.

5 Patient Disposition

- **Hospitalized:** Continue patient isolation and infection control procedures. Note: Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols. When preparing for hospital discharge or transfer, follow [Interfacility Transfer and Home Discharge Rules for Patients with Laboratory Confirmed COVID-19](#).
 - **Non-hospitalized patients with fever and cough:** Patients who are waiting for COVID-19 test results should be presumed infectious and instructed to follow [home isolation](#) instructions. Patients with mild febrile respiratory illness who have not been tested but are presumed to have COVID-19 should be instructed to isolate themselves and follow [home care](#) instructions..
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