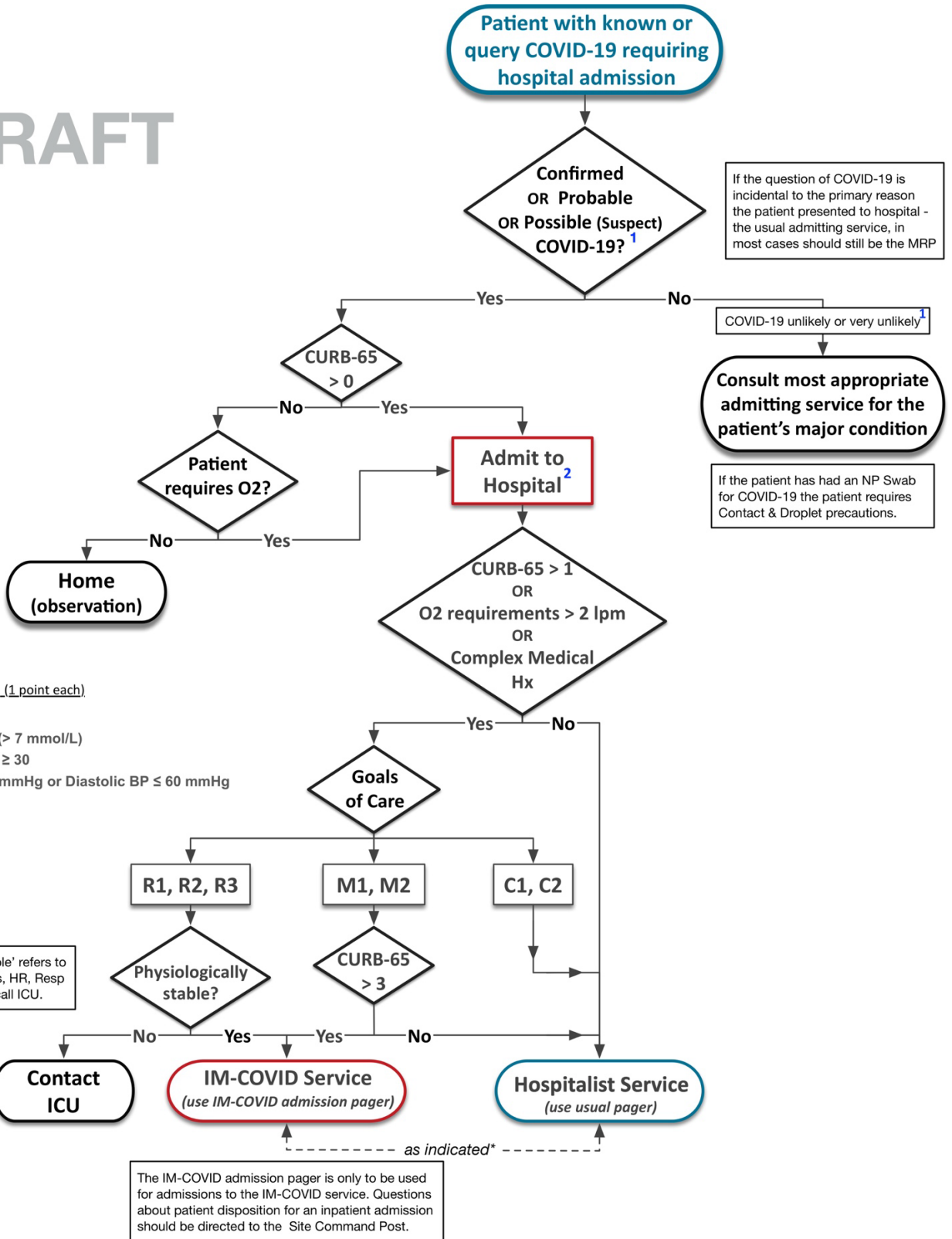


COVID-19 Admission Decision Flow Map

DRAFT



1. Case definitions: see page 2

2. Admission location: refer to the COVID-19 Admission Disposition Flow Map (April 15, 2020)

1. Case Definitions

- **Confirmed:** laboratory confirmed case
- **Probable:** any major (ILI) symptom and close contact¹ with a lab-confirmed COVID-19 case
- **Possible (Suspect):** any clinical illness **AND** any exposure criteria
- **Unlikely:** any clinical illness **OR** any exposure criteria
- **Very unlikely:** **Neither** clinical illness **OR** any exposure criteria

2. Clinical Illness and Exposure Criteria

All clinical illness criteria are assumed to be **recent** and **without an alternative explanation that is more likely**

| | | | | |
|---------------------------------------|---|---|---|---|
| Clinical Illness^{2,3} | Major (ILI) | Fever (> 37.5 °C) | Shortness of breath | Sore throat |
| | | New cough / Change in existing cough | Difficulty breathing | Runny nose |
| | Symptoms Non-ILI | Nausea or vomiting | Anorexia | Chest pain |
| | | Diarrhea | Fatigue / Severe exhaustion | Headache |
| | | Loss / Altered sense of smell or taste | Muscle aches or joint pain | Conjunctivitis |
| | Laboratory | Lymphopenia (< 0.5 x 10 ⁹ /L) | Leukopenia (< 2.0 x 10 ⁹ /L) | |
| | Imaging | Chest CT⁴ - Typical findings⁵ | Chest CT⁶ - Atypical findings⁷ | Chest x-ray - Typical findings⁷ |
| Exposure⁴ | In the 14 days before onset of illness, a person who: | had close contact¹ to a lab-confirmed COVID-19 case | lives or works in a facility with a confirmed COVID-19 outbreak ⁶ | |
| | | had any history of travel outside of Canada | is a close contact ⁸ of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days | |
| | | participated in a gathering identified as a source of exposure (e.g., conference) | had lab exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19. | |

¹ Individuals that:

- provided care for the case, including healthcare workers (any clinical setting including EMS and firefighters), family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), **OR**
- lived with or otherwise had close prolonged contact (within two metres) for more than 15 minutes with a case without consistent and appropriate use of PPE and not isolating, **OR**
- had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

² Alberta Public Health (APH) Disease Management Guidelines (DMG): Coronavirus – COVID-19 <https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/04d14c71-83a7-45bc-a2a7-c0dcff34ff34/download/covid-19-guideline-2020-04-11.pdf>. Updated April 11, 2020.

³ This list represents an expanded number of clinical criteria, based on expert opinion and published literature compared to the list currently used in the Alberta Public Health Disease Management Guidelines: Coronavirus – COVID-19. The Major (ILI) symptoms are used to determine a probable case.

⁴ Chest CT should **not** routinely be ordered to screen patients for COVID-19 pneumonia; it is applicable in the event the patient had a CT for another indication.

⁵ **Typical** findings for COVID-19 pneumonia include ground glass opacities (GGOs) or intralobular lines (crazy paving) that are bilateral, peripheral and predominately lower lobes. **Atypical** findings include GGOs or intralobular lines that are unilateral or predominately in upper lobes; or bilateral airspace consolidation.

⁶ This exposure criterion is not included in the APH DMG: Coronavirus – COVID-19 document but was thought to be important to include for assessing likelihood.