DRAFT   # COVID-19 Admission Form

INFORMATION for PATIENT DISPOSITION

[to be used with the Admission and Disposition Flow Maps]

This form should be completed by MD ordering the COVID-19 test

Patient ID

MD completing form (please print) and **Date** (mm/dd)

1. **Laboratory confirmed case of COVID-19?   Y / N**

   (If YES – STOP)   Date of test if known _____

2. **Clinical Illness and Exposure Profile for Query COVID-19 Patients requiring Admission** [check all that apply]

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

Clinical Illness[1,2]	**Major (ILI)** **Symptoms** Non-ILI	**Fever (> 37.5 ℃)**		**Shortness of breath**		**Sore throat**
		New cough / Change in existing cough		**Difficulty breathing**		**Runny nose**
		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 CT**[3] **-** Typical findings[4]		**Chest CT**[3] **-** Atypical findings[4]		**Chest x-ray -** Typical findings[4]

Exposure[1]	In the 14 days before onset of illness, a person who:	**had close contact[5] 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[5] 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.

3. **COVID-19 Likelihood Definitions**

Likelihood	Case Definition
Confirmed	laboratory confirmed case
Probable[7]	any major (ILI) symptom and close contact[5] with a lab-confirmed COVID-19 case
Possible[7] **(Suspect)**	any clinical illness **AND** any exposure criteria
Unlikely[8]	any clinical illness **OR** any exposure criteria
Very unlikely[8]	neither clinical illness **OR** any exposure criteria

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[1] 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.

[2] 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.

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

[4] **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.

[5] 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.

[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.

[7] These are pragmatic, clinically applicable, case definitions based on the APH DMG: Coronavirus – COVID-19 document. **'Probable'** is based only on ILI symptoms, which are the most common symptoms patients have when they present to an acute care hospital. **'Possible'** uses broader clinical illness criteria.

[8] These definitions are not part of the APH DMG: Coronavirus – COVID-19 document. They are included to assist with clinical decision-making and management.

- - - - - - - - - information below to be completed by admitting physician or emergency room physician - - - - - - - - -

A. Medical History

Duration of Clinical Illness _____ (days)

Age _____ (years)

Patient ID

MD completing form (please print) and **Date** (mm/dd)

For any Yes answers to profile questions Include relevant comments below

Profile

COPD	Y	N		**Renal disease**	Y	N
Comments:				Comments:		
Other lung disease	Y	N		**Diabetes**	Y	N
Comments:				Comments:		
CHF	Y	N		**Hypertension**	Y	N
Comments:				Comments:		
Immunocompromised	Y	N		**Allergies**	Y	N
Comments:				Comments:		

On CPAP or BPAP for OSA or sleep hypoventilation?   Y   N

Other important medical issues:

B. CRITICAL EXAM FINDINGS

BP: **HR:**   **RR:**   **Temp:**   **O2 Sat:**   **Supplemental O2: RA or ___ lpm**

Time: ____:____

Has oxygenation changed in last 1 to 2 hours?:   Y   N

C. Goals of Care (circle one)   R1   R2   R3   M1   M2   C1   C2

D. Clinical Stability (Curb-65) [1 = Yes]

Confusion	
BUN > 7 mmol/L	
Resp rate > 30	
Systolic BP < 90 or Diastolic ≤ 60	
Age ≥ 65	
Total (sum 5 scores)	