Physiologically stable?

Patient requires O2?

CURB-65

Goals of Care

Physiologically stable?

CURB-65 > 3

IM-COVID Service

Hospitalist Service

Contact ICU

Admit to Hospital

Home (observation)

Consult most appropriate admitting service for the patient’s major condition

CURB-65 Scoring (1 point each)

- Confusion
- BUN > 19 mg/dL (> 7 mmol/L)
- Respiratory Rate ≥ 30
- Systolic BP < 90 mmHg or Diastolic BP ≤ 60 mmHg
- Age ≥ 65

*Physiologically stable* refers to BP, O2 requirements, HR, Resp Rate. If concerned call ICU.

The IM-COVID admission pager is only to be used for admissions to the IM-COVID service. Any questions about patient disposition - contact Site Command Post.


‡ Chest CT should not be ordered to screen patients for COVID-19 pneumonia or routinely ordered to assess for possible COVID-19 disease. This criterion is only applicable in the event the patient had a CT for another indication.

1. Confirmed: a person with laboratory confirmation of infection with the virus (SARS-CoV-2) that causes COVID-19.
2. Probable*: a person with clinical illness who is a close contact of a lab-confirmed COVID-19 case
   OR a person with clinical illness who meets COVID-19 exposure criteria
   AND in whom laboratory diagnosis of COVID-19 is inconclusive.
3. Possible: a person with any two or all three of: 1) Clinical Illness; 2) Exposure; 3) Imaging (CT Chest)

Clinical Illness: a person with fever (over 38°C),
and / or new cough / exacerbation of chronic cough
and / or shortness of breath / difficulty breathing
and / or sore throat or runny nose

Exposure criteria: in the 14 days before onset of illness, a person who:
- had any history of travel outside of Canada;
- close contact with a confirmed or probable case of COVID-19;
- is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days;
- laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19.

CT Chest Findings: peripheral bilateral ground glass opacity, with or without consolidation or visible intralobular lines (crazy-paving), not explained by a more likely diagnosis.


This algorithm describes these patients as ‘Possible’ and includes a diagnostic imaging criterion that is not included in the APH Guidelines.

The Alberta Public Health Disease Management Guidelines: Coronavirus – COVID-19. Updated March 30, 2020 uses the term ‘Persons with clinical illness and exposure criteria’. This algorithm describes these patients as ‘Possible’ and includes a diagnostic imaging criterion that is not included in the APH Guidelines.

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