Initial care of persons with acute respiratory illness (ARI) in the context of coronavirus disease (COVID-19) in healthcare facilities: assess the risk, isolate, refer.

Objective

- To provide recommendations on the initial care of persons with acute respiratory illness (ARI) in the context of coronavirus disease (COVID-19) in healthcare facilities based on a decision-making process flowchart.

These recommendations are preliminary and subject to review as new evidence becomes available. * The recommendations provided in this document apply for adults older than 18 years old. Specific audiences, such as infants, children and pregnant women will be addressed on a separate document.

Structure of the flowchart

- The flowchart presented in this document is structured in three steps:
  - **Triage** – assessment of the risk of patients arriving at the healthcare facility with acute respiratory illness in the context of COVID-19.
  - **Isolation** – implementation of standard and transmission-based precautions for suspected and confirmed cases.
  - **Refer** – assessment of the level of respiratory failure and management of complications, referral to higher complexity levels of care.

Key documents

- For each of the steps of the flowchart, it is recommended the following documents to be consulted:

<table>
<thead>
<tr>
<th>Step</th>
<th>Key document</th>
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| Triage | Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection  
EMT - Triage drawings and flows and EMT - SARI drawings and flows  
Technical recommendations for the configuration of a specialized Emergency Medical Team for the treatment of Severe Acute Respiratory Infection (SARI)  
Requirements and technical specifications of personal protective equipment (PPE) for the novel coronavirus (2019-ncov) in healthcare settings  
Coronavirus disease (COVID-19) technical guidance: Surveillance and case definitions |
| Isolation | Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected  
Rational use of personal protective equipment for coronavirus disease (COVID-19) |
| Refer | Clinical management of severe acute respiratory infection when COVID-19 is suspected  
Guidelines for Critical Care of Seriously Ill Adult Patients with Coronavirus (COVID-19) in the Americas (Short version) |

* Updated information on COVID-19 can be obtained at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.
Care for persons with acute respiratory illness (ARI) in the context of coronavirus disease (COVID-19) in healthcare facilities: assess the risk, isolate, refer

**Triage – Assess the risk**

- Patient arrives at the healthcare facility with acute respiratory illness (ARI)
- Offer patient surgical mask, if s/he tolerates
- Assess vital signs (pulse, respiratory rate, blood pressure, axillary temperature, and SpO2)
- Collect respiratory samples under airborne precautions
  - Fever (axillary temperature > 37.5°C or 99.5°F, shortness of breathing, cough)

**Does patient fulfill current case definition for COVID-19?**

- Follow clinical assessment according to local protocols, including for other respiratory infections
- Discharge patient with educational material for home care
- Evaluate risk factor for complications
- Consider testing for respiratory viruses panel and other infective agents
- Consider collecting the following laboratory tests to assess organ failure:
  - Hemogram, arterial blood gases, Arterial lactate, coagulogram, O1, Na, K, AST, ALT, CPK, LDH, D-dimer, ferritin

**Isolate**

- Implement standard + contact + droplet precautions
- Maintain patient under standard + contact + droplet precautions
- If there is any aerosol generator procedure (AGP), implement standard + contact + airborne precautions

**Refer**

- Pulmonary Imaging (CT scan, X-ray, or thoracic ultrasound)
- Does the patient present any of the following: spO2 ≤ 95%, RR > 24 bpm, dyspnea or changes in pulmonary sounds?
- Consider admission to ward
  - Monitor signs and symptoms
  - Collect laboratory exams
  - Consider supportive oxygen therapy
  - Re-evaluate according to protocols

- Are any of the following present: abnormal pulmonary imaging, clinical deterioration, or organ failure?
  - Any of the following: SBP < 100mmHg, impaired consciousness, prolonged capillary refill time, lactate value > 2mmol/L
- Admit to ICU
  - Monitor signs and symptoms
  - Start protocol for management of severe acute respiratory infection (SARI)
  - Manage and mitigate potential complications

- Flag the patient as “COVID-19 suspected case”
- Maintain patient under standard + contact + droplet precautions
- If there is any aerosol generator procedure (AGP), implement standard + contact + airborne precautions

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