

Must have

- Signs of acute lower respiratory illness - e.g. cough, fever, SOB

AND...meets 1+ criteria below

- Known close contact to confirmed COVID-19 patient
- Persons hospitalized with acute lower respiratory illness of unknown origin
- Persons with history of travel in affected region with widespread community transmission (changes often - currently NYC, NJ, New Orleans, Detroit, Chicago)
- Persons with history of international or cruise travel
- Persons 65 yo+ with chronic health conditions
- Persons who are immunocompromised
- High suspicion per clinical judgement

Consider NOT TESTING in some clinical settings

Typical lobar pneumonia, PE, pulmonary edema with history of CHF, ESRD without fever, sepsis with obvious source, hypercapneic respiratory failure, DKA

Special Circumstances

- If in doubt, consult with hospitalist or pulmonary before COVID testing - e.g. asthma/COPD without infectious fever or abnormal CXR
- If the patient requires admission and has already had non-hospital COVID testing (e.g. TIAA or Prime Osborne) that is *still pending*, please reorder another COVID test in the ED