

Emergency Department and Urgent Care Centre Guiding Document to Accompany the AHS Acute Care Expanded Testing for COVID-19

The purpose of this document is to guide understanding of the expanded symptoms list for testing of the suspected COVID-19 patient and its use within an emergency department or urgent care centre.

Index

1. [Screening at Pre-triage/Triage](#)
2. [Screening by Primary ED/UCC Nurse](#)
3. [COVID-19 Symptom Identification and Monitoring Form #21616](#)
4. [Physicians/Nurse Practitioners](#)
5. [All ED/UCC Clinicians](#)
6. [Screening Criteria vs. Testing Criteria](#)
7. [Admit/Transfer](#)
8. [Asymptomatic Testing](#)

1. Screening at Pre-triage/Triage

- a) [Pre-triage/triage screening](#) includes the core influenza-like-illness (ILI) symptoms and gastrointestinal (GI) symptoms but NOT the COVID-19 expanded symptoms.
- b) Nursing screening will focus on new or worsening symptoms. Only a physician/NP will determine if there is another explanation for the patient's symptoms that will rule out testing and/or precautions.
- c) **Only patients who screen positive for the core ILI, GI symptoms, and/or who have positive COVID-19 risk factors require Contact and Droplet precautions and findings shall be recorded in the patient's health care record.**

2. Screening by Primary ED/UCC Nurse

- a) In the course of their primary assessment, a nurse shall screen every patient for any expanded symptoms, record them in the patient's healthcare record (using [form #21616](#)), and advise the physician/NP of any pertinent findings.
- b) Patients who exhibit any of the symptoms from the expanded list do not require COVID-19 Contact and Droplet precautions unless ordered by a physician/NP.

3. COVID-19 Symptom Identification and Monitoring Form #21616

- a) The [COVID-19 Symptom Identification and Monitoring](#) form, while designed for inpatients, will be used to document **only the expanded symptoms fields** for ED patients. A patient label will be applied to the top, the date and time of the assessment noted, and expanded symptoms checked. Patients who have extended stays within the department should have their symptoms checked at a minimum of every 12 hours. All patients who are admitted or transferred must have all of their symptoms documented and communicated clearly to the receiving unit/crew.

| | | | |
|---|--|--|--|
| COVID-19 Expanded Symptoms New/worse AND unexplained | Headache | | |
| | Muscle/joint pain | | |
| | Fatigue/extreme exhaustion | | |
| | Nausea/sudden loss of appetite | | |
| | Loss of/change to sense of smell or taste | | |
| | Conjunctivitis/red eye/ conjunctival edema | | |
| | Altered mental status | | |
| | Any additional COVID-19 symptoms at clinician's discretion | | |
| | Initials | | |

21616(Rev2020-05)

4. Physicians/Nurse Practitioners

- a) Physician/NPs should also screen patients for the COVID-19 expanded symptoms. Symptoms that are new, worsening and unexplainable should be noted and COVID-19 testing should be performed.
- b) Ordering a COVID-19 swab is at the Physician/NP's discretion. If, in the opinion of the physician/NP, a patient's symptoms have a plausible, alternate (non-COVID-19) clinical diagnosis and the patient does not have any risk factors, neither COVID-19 testing nor isolation are required.
- c) Patients who have any of the COVID-19 expanded symptoms without any accompanying risk factors do not require isolation nor Contact and Droplet precautions.
- d) The [AHS Acute Care Expanded Testing for COVID-19](#) document may be printed and placed with the patient's health record. **NOTE:** As this is not an official AHS Form, Health Records may choose to discard this document so all pertinent patient care information must also be included within the patient's health care record.

5. All ED/UCC Clinicians

- a) ED/UCC teams should continue to follow routine personal protective equipment practices (including [continuous masking](#)).

6. Screening Criteria vs. Testing Criteria

- a) The [AHS Acute Care Expanded Testing for COVID-19](#) document refers to testing criteria and should not be confused with [ED/UCC pre-triage/triage screening](#). This document only refers to considerations for when a physician/NP may choose to order a COVID-19 swab.

7. Admit/Transfer

- a) Prior to transferring a patient to the ward or another facility, if the patient has been identified as having COVID-19 symptoms, risk factors, or they are awaiting COVID-19 test results, these findings shall be clearly documented within the patient's health care record and it shall be communicated to the receiving unit/transfer team prior to transfer.

8. Asymptomatic Testing

- a) While not expressly mentioned within the expanded testing criteria, AHS has approved the testing of asymptomatic patients who request the COVID-19 swab. Ideally, this shall be performed as part of the patient's discharge process.