Patient presents for Maternity Care: Triage staff to wear PPE that includes procedure mask, face shield and gown, or behind solid barrier

Ask all patient and support persons to perform hand hygiene, then proceed with screening

Have you experienced any:
- fever, cough, sore throat, dyspnea, difficulty breathing, myalgia or new fatigue?
- Sudden decreased LOC
- Respiratory rate < 20
- Airway threatened
- HR < 50 or > 140
- Sudden decreased LOC, seizures
- Urine output < 50 mL/4 hours
- Sepsis
- Seizures
- Decreased breath sounds
- Shortness of breath
- Difficulty breathing
- Coughing blood
- Pain pressure in chest (other than coughing)
- Vomiting
- Signs of dehydration/dizziness when standing
- Less responsive/confusion
- Sore throat
- Myalgia or new fatigue
- Cough

In the last 14 days, did any of the following occur?
- Travel anywhere outside of Canada
- Had close contact with a confirmed or probable case of COVID
- Had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada in the past 14 days
- Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus

Note: if patient has negative COVID screen but has ILI symptoms they should be considered COVID positive for purposes of triage

No COVID positive, symptomatic or self-isolating support person may enter the Maternity Care Units


Patient answers no:
- OTAS and triage as usual

Patient Answers yes to any of the above:
- Instruct patient and support person to perform hand hygiene, don a mask, and perform hand hygiene again
- As quickly as possible – Place patient in a single room with hard walls a door and a designated toilet, or, if not possible, a designated area at least 2m away from others
- Implement Contact & Droplet precautions
- Notify the Charge Nurse, the MRHP and IP&C
- Nasal/ oropharyngeal swab to test for COVID-19 if symptomatic

Refer to algorithm: Delivery Room Neonatal Management for COVID-19

Symptomatic (Perform Illness severity assessment)
- Shortness of breath
- Difficulty speaking without gasping or during walking
- Coughing blood > 1 tsp
- Pain pressure in chest (other than coughing)
- Vomiting
- Signs of dehydration/dizziness when standing
- Less responsive/confusion

Yes

Hospitalization in Level 2 or 3 centre required

Maternal Surveillance
- T.P.B.P RR SpO2 QID
- Chest imaging (high resolution CT-scan or x-ray)

Fetal Surveillance
- FHR assessment q shift
- Consider Betamethasone for gestational age

ICU consult if any of the following:
- Airway threatened
- Respiratory rate < 8 or > 25, SpO2 < 98% on 5 L/min O2
- HR < 40 or > 140, SBP < 90 or > 200 mmHg
- Sudden decreased LOC, seizures
- Urine output < 50 mL/4 hours

Immediate Referral to RAAPID

No

Discharge when appropriate

Transfer not required

Isolation at home for 14 days, self monitoring if swab negative and symptoms persist – retest

COVID – 19 Positive

Asymptomatic

- Manage patient on contact and droplet isolation for 14 days since COVID risk exposure.
- Consult OB/Gyn
- If symptoms develop complete illness severity assessment and follow symptomatic path
- If discharged instruct to continue home isolation for same 14 day period

Increase prenatal surveillance, U/S fetal surveillance, Growth & Doppler q4 weeks

Maternal or Fetal indications for admission?

Maternal or Fetal indications for admission?

Baby

To Antepartum, L&D or Medical Unit
- Maintain Contact & Droplet Isolation
- Do not use Entonox

Mother

Yes

No

www.albertahealthservices.ca/assets/info/ppih/if/ppih-covid-19-
triage-algorithm.pdf

The most current COVID-19 screening guidelines can be found here:

April 9, 2020