Vital Sign Screen:
Fever or obvious respiratory symptoms and one of the following:
- RR>30 bpm
- Respiratory distress
- SpO2 < 93% on room air

Send patient to ED
1. Notify ED access nurse 617-724-3890 of intention to transport and concern for COVID-19
2. Patient wears surgical mask
3. PPE for transporters: gloves and gowns and surgical mask with eye protection

Infectious diagnosis suspected, even if only partly contributing to symptoms

Suspect COVID19

Manage as appropriate for alternative diagnosis (e.g. heart failure exacerbation) discharge to home

Obtain CXR:
Chest Radiograph with Abnormal findings, especially diffuse or multifocal opacities

DUE TO HIGHER RISK FOR DECOMPENSATION:
- Enter High-risk monitoring plan 2,5,8 day monitoring

High risk condition:
Age ≥70
Severe chronic lung disease (e.g. asthma, bronchiectasis, cystic fibrosis, COPD, bronchopulmonary dysplasia, Cerebral Palsy with recurrent pneumonia, trach dependency, etc.)
Severe heart disease (including congenital heart disease)
CD4 count <200
On immunocompromising medications (e.g. prednisone >20mg/d, chemotherapy, mycophenolate, cyclosporine, azathioprine, tacrolimus, TNF inhibitors, monoclonal antibodies, etc.)
Long-term care facility or group home setting

Two or more of the following three:
- Age >60
- High risk condition* (see orange box)
- Dyspnea (rest or exertion)
OR
- RR>24

Discharge to home
- Implement appropriate infection prevention and control measures
- Counsel patients about signs and symptoms of complicated disease
- Consider High-risk monitoring plan 2,5,8 day monitoring

This is designed to guide decision-making for ordering chest x-rays in the RIC. This is not a replacement for clinical judgment, which should supersede this algorithm.