

# COVID-19 Adult Clinical Evaluation Guide

## Consider COVID-19 in a patient with any of the following:

- Fever
- Cough
- Shortness of breath
- High risk travel/exposure

## Clinical Signs/Symptoms

- Fever seen in >75% of hospitalized cases at some point *but almost 50% are afebrile on admission*
- Cough 45-80% (dry or productive)
- SOB 20-50%
- Myalgias 10-50%
- URI symptoms (HA, sore throat, rhinorrhea) in <15%
- GI symptoms: N/V in <10%, diarrhea in <25%

## Labs

- Check CBC with diff, BMP, LFTs, procalcitonin
- **Clues to COVID-19: leukopenia, lymphopenia**

## Labs and Biomarkers

- Median WBC 4.7, with leukopenia in 17-45% (leukocytosis in <25%)
- Lymphopenia in 33-85%
- Median platelets normal, slight decrease in <35%
- AST/ALT increase in 4-35%
- CRP increased in 61-86%, LDH increased in 27-75%
- PCT:  $\geq 0.5$  in 5-10% (but higher % if severe or ICU)

## Microbiology

- Test for other resp viruses
- Consider blood cultures, sputum culture
- **Clues to COVID-19: absence of other pathogens (but note that coinfections can occur)**

## Microbiology

- Coinfection rate with viruses or bacteria is unknown
- The presence of another virus (eg influenza) makes COVID-19 less likely but does not rule it out
- Bacterial coinfection might increase with severity of illness so *bacterial infection in a severely ill patient does not exclude COVID-19*

## Imaging

- CXR in all patients
- Consider chest CT if there is diagnostic uncertainty
- **Clues to COVID-19: bilateral, GGO, peripheral distribution**

## Imaging

- CXR abnormal in 60% (77% if severe), chest CT abnormal in 86% (95% if severe)
- Unilateral findings on CXR or CT in 14-25% (especially if mild or early in disease)
- Most common findings: GGO and patchy consolidations (>50%), peripheral distribution >50%
- Nodules, LAN, cystic changes, effusion in <10%