

# COVID-19 Adult Clinical Evaluation Guide

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

- Systemic: **Fever, myalgias**
- Respiratory: **Cough, dyspnea**, URI sx
- GI: N/V or diarrhea
- ENT: **Taste or smell disorders**
- Eye: Conjunctivitis
- High risk travel, close contact with a known case

## Clinical Presentation

- Fever: >75% hospitalized pts but *only* ~50% on admit
- Myalgias 10-50%
- Respiratory: Cough 45-80%, dyspnea 20-50%
- URI sx (HA, sore throat, rhinorrhea) <20%
- GI: N/V, diarrhea <30%; can be only symptom 3-12%
- Cardiac: multiple case reports of myocarditis
- ENT: Taste or smell disorder in 34-89%, can occur before other symptoms appear
- Eye: conjunctivitis in 32% (single study)



## Labs and Biomarkers

- Check CBC with diff, BMP, LFTs, CRP, procalcitonin
- Role of checking other inflammatory markers (and need for serial testing) is unclear
- **Clues to COVID-19: leukopenia, lymphopenia**

## Labs and Biomarkers

- WBC usually normal or low (leukopenia 17-45%, leukocytosis <25%); lymphopenia in 33-85%
- Platelets usually normal, can be low in <35%
- AST/ALT ↑ in 4-35%
- CRP ↑ in 61-86%, LDH ↑ in 27-75%
- PCT: ≥0.5 in 5-10% (higher % if severe or ICU)
- Troponin ↑ in 7-28% → ↑ risk complications, death
- Higher inflammatory markers (CRP, D-dimer, IL-6, ferritin, TNFα) associated w/severe disease, death



## Microbiology

- COVID PCR: if neg, can consider 2<sup>nd</sup> test if high suspicion remains
- Test for other resp viruses
- Consider sputum, blood cultures
- **Important point: coinfections CAN occur so do not rule out COVID**

## Microbiology

- Sensitivity of COVID PCR unknown but false negatives occur; viral load ↑ earlier in disease and in lower tract samples
- Coinfection rate with viruses or bacteria is ~0-14% based on published data in adults
- The presence of another virus or bacteria does not exclude COVID



## Imaging

- CXR in all patients
- Consider chest CT for dx uncertainty or to evaluate for other etiologies
- **Clues to COVID-19: bilateral, GGO, peripheral distribution**

## Imaging

- Abnormal CXR in 60-77%, chest CT in 86-95%
- Bilateral in >75% (can be unilateral if mild, early)
- Most common CXR findings: bilat patchy opacities
- Most common CT findings: bilat GGO and patchy consolidations in a peripheral distribution (>75%)