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 60-80% (dry or productive)
- SOB 20-40%
- URI symptoms (HA, sore throat, rhinorrhea) in <15%
- GI symptoms (diarrhea, N/V) in <10%

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

Labs and biomarkers
- Median WBC 4.7, with leukopenia in 30-45% (leukocytosis in <5%)
- Lymphopenia in 33-85%
- Median platelets normal, but slight decrease in 35%
- AST/ALT increase in 4-22%
- CRP increased in 61-86%, LDH increased in 27-75%
- PCT: ≥0.5 in 5.5% overall (14% if severe, 24% if ICU)

Microbiology
- Check rapid flu/RSV, RVP
- Consider blood cultures, sputum culture
- Clues to COVID-19: absence of other pathogens

Microbiology
- Coinfection rate with viruses and bacteria is unknown but is low in published studies to date
- The presence of an alternative viral etiology (eg influenza) makes COVID-10 less likely (exception: rhinovirus since this is a common co-pathogen)
- 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
- If CXR (-), consider CT for better sensitivity for PNA and to exclude alternative dx
- 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%