

**VUMC GUIDELINES FOR COVID-19 TESTING  
OF ASYMPTOMATIC PATIENTS ON ADMISSION TO THE HOSPITAL  
May 6, 2020**

**Testing for COVID-19 at VUMC**

- All symptomatic patients are tested
- Patients will be prioritized according to the table below
- Practice groups may request amendments by emailing [vumccoronavirus@vumc.org](mailto:vumccoronavirus@vumc.org)

<b>COVID-19 testing cohorts at VUMC</b>			
<b>Cohort</b>	<b>Description</b>	<b>Proposed Start Date</b>	<b>Prioritization<sup>1</sup></b>
0	0a. Walk-in clinic/outpatient COVID-19 assessment center patients  Symptomatic admissions/Symptomatic ED patients  Symptomatic VUMC faculty and staff  0b. Transplant donors/recipients, selected post-acute care discharges, and heme-onc pts prior to admin of severely immunosuppressive anti-neoplastic chemotherapy	Ongoing	No Dot  Red Dot  Red Dot  Red Dot
1	1a. L&D admissions, Trauma Unit admissions  1b. Pre-cardiopulmonary bypass patients	Ongoing	Red Dot  Blue Dot
2	2a. Non-emergent procedures requiring general anesthesia Non-emergent aerosol-generating procedures requiring N95 respirators: bronchoscopy, GI lab procedures for whom general anesthesia is intended, dental/oral surgery, craniotomy via sinus access, ENT surgery, thoracic surgery in upper airway*  2b. VPH currently hospitalized patients and new admissions	Ongoing  5/8/20	Blue Dot    Red Dot for new admissions (No dot for current inpts)
3	Any VUAH and VWCH new admissions not in Cohorts 0-2 above	5/12/20	No Dot
4	All MCJCHV new admissions not in Cohorts 0-2 above	5/12/20	No Dot
5	All ambulatory procedures involving the head and neck, and any remaining procedures not noted in prior cohorts but that require anesthesia or deep sedation techniques that <i>may</i> require airway support	Evaluate feasibility weekly	

*\*Some pre-approved procedures may continue with use of empiric COVID-19 precautions in lieu of preprocedural testing if approved by the VUMC COVID-19 PPE/testing approval committee.*

<sup>1</sup> Lab testing prioritization hierarchy is as follows: 1) Red Dot → 2) Blue Dot → 3) No Dot

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**Ordering of COVID-19 testing on admission**

- It is very important to specify in the eStar order whether COVID-19 testing is being done for diagnosis in a patient with symptoms consistent with COVID-19 (such as new cough, fever, dyspnea, diarrhea, or loss of smell/taste). Only patients marked as SYMPTOMATIC will be placed on isolation at the time of ordering.
- For asymptomatic patients in the following units/categories: **VPH, L&D, Trauma unit, Pre-transplant, or Pre-receipt of severely immunosuppressive anti-neoplastic therapy:**
  - Order “SARS-CoV-2 PCR” in eStar and select “Screening of asymptomatic patient” with the appropriate Reason for Testing category.
  - Note that the currently available option of “On admission to a unit approved for screening” category is being converted to “Admission to L&D, Trauma Unit, or VPH”.
- For asymptomatic patients who are being admitted and are likely to need an **aerosol generating procedure (AGP) or surgery requiring general anesthesia** during that admission:
  - Order “SARS-CoV-2 PCR” in eStar and select “Screening of asymptomatic patient” and “Approved pre-procedure screening”.
  - This distinction is important for peri-op/OR tracking.
- For all other asymptomatic patients being admitted to **VUAH, VWCH, and MCJCHV:**
  - Order “SARS-CoV-2 PCR” in eStar and select “Screening of asymptomatic patient” and “Asymptomatic admission to VUH/VWCH/VCH”.

**Exclusions to COVID-19 testing on admission**

- Patients who had a SARS-CoV-2 PCR test collected in the 72 hours prior to admission
  - Result must be pending or available in eStar or outside written result available
  - Verbal results of SARS-CoV-2 PCR testing or SARS-CoV-2 serologies are not acceptable
- Inborn infants admitted to Neonatal ICU or Newborn Nursery with maternal SARS-CoV-2 PCR testing in L&D

**COVID-19 testing refused by patient**

- Counsel patient that new options for testing include a sample obtained from the nares or oropharynx (which are typically less uncomfortable than nasopharyngeal sampling)
  - If patient continues to decline testing and is being admitted electively, consideration should be made to postponing admission.
  - If patient continues to decline testing and is being admitted urgently, proceed with admission and staff and patient should wear fabric masks (or as per policy).

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**Repeat COVID-19 testing during hospitalization**

- If a patient who previously tested negative for COVID-19 develops symptoms concerning for COVID-19 infection, the patient should be placed on droplet, contact, and eye precautions and undergo repeat COVID-19 testing.
- Patients who previously tested negative for COVID-19 in the past 14 days *during the same admission* do not need repeat testing prior to aerosol generating procedure or surgery requiring general anesthesia (unless they become symptomatic).
- Repeat COVID-19 testing may be needed prior to post-acute care placement as per recommendations by case management. Select “Repeat testing of a previously positive patient” and “Requirement for post-acute care placement” as the Reason for Testing.

**Isolation needed based on COVID-19 test results in asymptomatic patients**

- COVID-19 pending: Providers and patients should wear fabric masks (or as per policy).
- COVID-19 negative: Providers and patients should wear fabric masks (or as per policy).
- COVID-19 positive: Place on patient on droplet, contact, and eye precautions. Contact unit charge nurse to discuss possible patient transfer to a COVID-19 cohort unit.