

All Non-elective admissions: Respiratory screening

Patient with respiratory symptoms which may be due to infection

Covid-19 and Flu A/B and RSV testing

See slide 2

Respiratory virus +ve

Respiratory virus -ve

Continue on appropriate pathway

See slide 3

Immunocompromise, severely unwell/critical care, paediatric patient or clinically highly likely to be viral or atypical pneumonia

Other diagnosis likely or not immunocompromised

Send viral throat swab to laboratory for full respiratory panel

Investigate as appropriate

Asymptomatic patient, free from respiratory symptoms 'Green admission'

Covid-19 swab

Covid +ve

Covid -ve

Re-assess clinically – does this fit with clinical picture, or has patient had recent Covid?

If there is no change clinically then move to Green area. If clinical change, isolate in side room and re-swab

Yes – move to Red area

No – move to side room and send a repeat swab/await laboratory Covid PCR

Testing for Patients with respiratory symptoms which may be due to infection

Point of care

Laboratory

ID Now – RSV + Flu A/B + Covid - 3 separate swabs (min 1 hr)

Covid-19 and Flu A/B and RSV testing (2 swabs) (average TAT – 7hrs Covid swab, <26hrs resp?)

or

Swab for lab Covid PCR

ID Now RSV + Flu A/B – 2 separate swabs
and
Swab for rapid Covid PCR (Nudge or Samba) (min 90 mins)

And

or

Cepheid Covid, RSV + Flu A/B – 1 swab (min 45mins)

Isolation management of patients with viral respiratory symptoms

Send viral throat swab as per guidance

Result of test pending

Isolate in a side room

If no side room available cohort with other viral respiratory patients ensuring there is good ventilation, encourage mask wearing, distancing as the bay allows and aim to transfer as soon as possible

Result available

Negative

Can be cared for in a non-respiratory bay as long as no immunocompromised patients and not severely unwell

Positive

Depends on pathogen detected

Sars-Cov-2

Must be cared for in a side room or cohorted with other patients with COVID-19

Flu A/B

Must be cared for in a side room or cohorted with other patients with same Flu. Consider prophylaxis for remaining patients

2 or more of Covid, FluA/B and RSV

Side room only, no cohorting

RSV/HMPV/Paraflu/Entero

Patient should be transferred to a side room whilst symptomatic

No new patients into the bay until index patient in a side room. New patients can then be admitted but should any develop respiratory symptoms a viral throat swab should be sent

If was previously in bay, bay should be shut and contact patients need to be traced and observed for incubation time.