

**ALL patients should be swabbed for COVID-19 in ED if likely to be admitted and expected length-of-stay ≥ 24h**

Does patient have any clinical symptoms / signs suggestive of COVID-19 infection?  
See current [Case Definitions](#) from PHE

YES

NO

**Proceed to algorithm for Suspected Cases (Symptomatic Patients) on next page**  
Transfer patient to **BLUE** COVID-19 ward after specialty review in ED

Admit to relevant **YELLOW** assessment area:

Medicine / Acute Medicine: AMU (Oken)  
Frailty: Fairfax  
General Surgery / Gynae / Urology / ENT: SAU  
T&O: Thomas  
Paediatrics: Macgregor (PAU)  
Maternity: Maternity Unit (Swan)

Ensure swabs sent for COVID-19 if decision to admit overnight and swabs not sent in ED

Discharge?

COVID-19 swab result?

POSITIVE

NEGATIVE

**Care Home Patients**

Any patient admitted from a care home **must stay in a side room for a minimum of 11 days** regardless of their admission swab result

If their admission swab is negative they can be transferred to a side room on a **GREEN** ward

If they develop COVID-19 symptoms during the 11 day period, they should have repeat COVID-19 swabs sent

Otherwise, if they remain asymptomatic they can be re-swabbed on day 10 and moved out of the side room if repeat swab negative after agreement with infection prevention team

All care home patients will need a **repeat swab 48 hours prior to discharge** if returning to a care home

**On ALL YELLOW wards:**

- Patients may be cohorted in bays with at least 2m between each bed space
- Curtains should be drawn between patients and strict social distancing adhered to when mobilising
- Ensure frequent decontamination of shared bathrooms
- Side rooms should be prioritised for care home residents and non-COVID infections requiring isolation
- Clinical teams should check swab results at least twice daily, seeking advice from IPC as needed
- COVID-19 status (or date of swab if result still pending) should be documented on all discharge correspondence

**Transfer to GREEN ward in relevant specialty**

**GREEN** wards are **ONLY** for swab-negative patients who are asymptomatic for COVID-19, with the following exceptions:

- patients requiring cardiac monitoring can go to a side-room on Malins / CCU before their swab result is available
- complex respiratory patients may go to a side room on Mary Ward if swab-negative
- patients being stepped down from ITU before their swab result is available can go to a side room on the most appropriate specialty ward

**ALL patients on GREEN wards should have repeat swabs for COVID-19 on day 5 of admission if still an inpatient at this point**



- Sensitivity of PCR on nasopharyngeal swabs is approximately 75%
- false negatives are more likely early in the course of infection
- PCR on lower respiratory tract specimens (sputum, BAL) has higher sensitivity than N/P swabs
- if high clinical suspicion despite a negative initial swab consider:
  - repeat N/P swab after  $\geq 48$ h
  - PCR on sputum / BAL
  - CT chest (see algorithm for details)
- chest CT has higher sensitivity than PCR (especially in early disease) but lower specificity

**Patient with suspected COVID-19 infection REQUIRING HOSPITAL ADMISSION**  
See current [Case Definitions](#) from PHE

Isolate patient, use appropriate PPE and arrange transfer to COVID ward after specialty review in ED

**Take nasopharyngeal (N/P) swabs for COVID-19 PCR testing**  
Double-bag specimen with [Request Form](#) in outer bag and hand-deliver to Specimen Reception → DO NOT use pod system  
Swabs for standard respiratory virus PCR panel are no longer routinely required and will only be processed for ITU patients



- Care Home Patients**  
Must stay in a side room for minimum of 11 days regardless of their initial admission swab results  
Should have repeat swabs if they become symptomatic for COVID-19 and / or at 48h prior to discharge if going back to a care home
- GREEN Ward Patients**  
Require repeat COVID-19 swabs on Day 5 of admission
- BLUE Ward Patients**  
Require repeat COVID-19 swabs 14 days after onset of symptoms  
Can only be stepped down to a GREEN ward area if these repeat swabs are negative AND they have been afebrile for 48h at this point

**POSITIVE**

**Treat as COVID-19**  
Continue to isolate in COVID ward with PPE precautions  
Can be cohorted with other confirmed (swab positive) patients if necessary

**NEGATIVE**

**High clinical suspicion for COVID-19 with typical clinical features?**

- Symptoms e.g. fever, dry cough, dyspnoea
- Bilateral basal / peripheral opacification on CXR
- Lymphopenia +/- thrombocytopenia, transaminitis

Continue to isolate in side-room on COVID ward with PPE precautions

**Is patient likely to be discharged within 24h?**

**DO NOT repeat swabs for COVID-19**  
Discharge with clinical diagnosis of COVID-19 and isolation advice

**Intermediate Clinical Suspicion**

**Consider alternative diagnoses**  
Repeat swabs for COVID-19  $\geq 48$ h after first swab and send swab for PCR for other respiratory viruses  
**FebrIDx<sup>®</sup> Test** contact COVID-19 phone 07917 212 535 to arrange  
Continue to isolate in side-room on COVID-19 ward with full PPE precautions  
**Request CT chest**

**Any ongoing clinical suspicion for COVID-19?**

**YES** → Intermediate Clinical Suspicion

**NO** → **No Clinical Suspicion**

**No Clinical Suspicion**

**Consider alternative diagnoses**  
Senior clinician / consultant to decide if patient can be transferred to GREEN ward area  
**Repeat swabs for COVID-19 on day 5 of admission**

**Treat as COVID-19**  
Continue to isolate in COVID ward with PPE precautions  
Can be cohorted with other confirmed COVID-19 patients if necessary

**FebrIDx<sup>®</sup> +ve for viral infection OR repeat COVID-19 swab POSITIVE OR CT chest consistent with COVID-19?**

**YES** → Treat as COVID-19

**NO** → Consider alternative diagnoses

**Consider alternative diagnoses**  
Arrange transfer of patient to GREEN ward area  
Senior clinician / consultant to decide on need for continued isolation  
**Repeat swabs for COVID-19 on day 5 of admission**