

# HIPPO

## EDUCATION

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Podcast Contributor Show Notes

### COVID-19: UC/Primary Care Triage

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**Relevant podcasts:** Urgent Care RAP, Primary Care RAP,

**Objectives:** Review the recent guidelines put out by the CUCM and ACEP regarding triage of suspected Adult Covid-19 patients in the Urgent care setting.

**Tags:** Covid-19, Coronavirus, Infectious diseases, Triage

#### **Main Talking Points:**

Covid-19 is a rapidly spreading pandemic that has already had world wide ramifications. As Emergency Rooms and Hospitals quickly get overwhelmed by ill patients the Urgent Care and Primary Care setting play critical roles in appropriately triaging patients that can go home vs those that need to be transferred to the Emergency Department for further evaluation and treatment. The ability to act as levies to the large number of patients during this pandemic will help preserve the ED and Hospital “resources” for those critically ill patients that need it most.

In order to help UC and PC providers make these decisions the College of Urgent Care Medicine (CUCM) and the American College of Emergency Physicians (ACEP) have published a set of criteria that break suspected Covid-19 patients into 2 categories. Category 1, who can go home; and Category 2, who should be transferred to the ED.

These published guidelines are reproduced here:



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## Risk Stratification Guide for Severity Assessment and Triage of Suspected or Confirmed COVID-19 Patients (Adults) in Urgent Care

\*These criteria are to be used as an adjunct to the clinical evaluation that is performed by the clinician at the urgent care site.

### General Guidelines:

1. For urgent care centers which do not have the COVID-19 testing capabilities, patients who are stable and want to get tested or need testing should be referred to a local non-emergency department site or facility. This is to decrease unnecessary patient volumes in the emergency department (ED).
2. Prior to sending patients to the ED, please contact the ED to make sure that they will be able to test the patient for COVID-19. This is applicable for ED transfers of patients in whom COVID-19 infection is a concern.

### Presenting Symptoms:

- Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhea, nausea and vomiting.
- The elderly and immunosuppressed may present with atypical symptoms. Symptoms due to physiologic adaptations of pregnancy or adverse pregnancy events, such as e.g. dyspnea, fever, GI-symptoms or fatigue, may overlap with COVID-19 symptoms.

Risk Category	Clinical Presentation
<b>Category I</b>  Consider discharge and home monitoring.	Symptomatic patient, PLUS, <ul style="list-style-type: none"> <li>• Clinically well appearing, and,</li> <li>• Resting O2 Sat &gt;94% on room air, and,</li> <li>• No desaturation with ambulation, and,</li> <li>• No tachypnea, RR &lt;20.</li> </ul>
<b>Category II</b>  Consider transfer to ED	Symptomatic patient, PLUS, <ul style="list-style-type: none"> <li>• Patient appears toxic and in distress, or,</li> <li>• Resting O2 sat ≤ 93% on room air, or desaturation on ambulation, or,</li> <li>• Patients requiring bronchodilator treatment</li> </ul> OR, Any two (or even one criterion based on clinical presentation): <ul style="list-style-type: none"> <li>• Age &gt;60</li> <li>• Existing conditions such as Diabetes Mellitus, HTN, CHF, CAD, COPD (or any chronic or severe lung disease), CKD, Cancer, Immunosuppression</li> <li>• Change in mentation</li> <li>• Respiratory Rate &gt;20/min</li> <li>• Pulse &gt;120 bpm</li> <li>• Systolic BP &lt;90mmHg, Diastolic BP &lt;60mmHg</li> </ul>

### References:

1. WHO: Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim Guidance. WHO reference number: [WHO/2019-nCoV/Clinical/2020.4](https://www.who.int/publications/i/item/WHO-2019-nCoV-Clinical-2020.4)
2. Zhou et al. Clinical course and Risk Factors for Mortality of Adult Inpatients with Covid-19 in Wuhan, China: a Retrospective Cohort Study. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext#seccetitle180](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext#seccetitle180).

**Summary points:** Using these guidelines, consider discharging home patients that fit into category 1 and transferring patients to the ED that fit into category 2. These triage criteria do not rely on access to Covid-19 testing or radiographic imaging.

**References:**

- 1) [https://www.ucaoa.org/Portals/80/pdfs/COVID-19/CUCM\\_ACEP\\_Joint%20Statement\\_Risk%20Stratification%20Guide%20for%20Severity%20Assessment%20COVID192.pdf?ver=2020-04-02-135449-023](https://www.ucaoa.org/Portals/80/pdfs/COVID-19/CUCM_ACEP_Joint%20Statement_Risk%20Stratification%20Guide%20for%20Severity%20Assessment%20COVID192.pdf?ver=2020-04-02-135449-023) Accessed 4/6/2020