



**ALGORITHM 2: Management of patient at risk of possible COVID-19 infection**

**Primary Care and Laboratory Testing and Admission Criteria<sup>1</sup>**

**PUBLIC HEALTH PRACTICE**

**Asymptomatic person**



Travel history  
Or  
Contact with confirmed case  
Within last 14 days



**Recommendations**

- Self-isolation at home for 14 days
- Telephone contact with GP every 24-48 hours
- In case any symptoms develop, follow the algorithm (right)



NO

**Criteria for referral to Public Health Practice**

**Respiratory infection (without other clear cause) and at least one:**

- Underlying diseases such as cardiovascular disease, chronic respiratory disease, severe immunosuppression (malignancy under chemotherapy), rheumatological/ neurological/other immunosuppressive conditions taking medication such as corticosteroids and immunomodulators, immunodeficiencies or diabetes (type 1)
- Age > 60 years
- Fever > 38.5°C
- Shortness of breath
- Chest pain
- Symptoms that persist for more than 2 days
- Travel history or contact with confirmed COVID-19 case within 14 days of onset of symptoms

YES



Laboratory testing for COVID-19



With severity criteria<sup>2</sup> for hospital referral

Referral to state hospital after co-ordination with A&E dept



Without severity criteria<sup>2</sup> for hospital referral

- Self-isolation at home until laboratory test results are available (Epidemiology Team)
- If result is negative, self-isolate until symptoms subside
- Instructions for symptom monitoring and telephone contact with GP every 24-48 hours

**Severity Criteria<sup>2</sup>:**

Acute respiratory infection and at least one of the following conditions:

- Underlying diseases such as cardiovascular disease, chronic respiratory disease, severe immunosuppression (malignancy under chemotherapy), rheumatological/ neurological/other immunosuppressive conditions taking medication such as corticosteroids and immunomodulators, immunodeficiencies or diabetes (type 1)
- Newly transpired confusion or communication level disorder
- Need for exogenous oxygen supply (SpO<sub>2</sub><93%)
- Severe tachypnoea (breaths >30/min)
- Severe respiratory distress / ARDS
- Sepsis (organic damage)/ Septic shock