



**ALGORITHM 3: Management of patient at risk of possible COVID-19 infection<sup>1</sup>**

**HOSPITALS**

Admission and hospitalisation under care of appropriate consultant for investigation and treatment

NO  
(other cause of respiratory infection or other source of infection)

**Criteria for referral to Hospital**

**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, immunodeficiency 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

Laboratory findings supporting the potential diagnosis of COVID-19 are:

- Lymphopenia (<1000/mm<sup>3</sup>),
- Neutrophil/lymphocyte ratio >3,
- High Ferritin, Increased D-Dimers,
- Increased LDH,
- Hyperglycaemia,
- Thrombocytopenia,
- Increased Transaminase

A &E Dept consultant to take samples for laboratory testing for COVID-19

- Influenza A&B or Multiplex Respiratory Panel
- Biochemistry check to include Full Blood Count, LDH, D-Dimer
- Chest xray (portable) (and/or CT Scan, if possible)

Admission and hospitalisation in Suspected Case Management Unit

**Notes:**

<sup>1</sup> This algorithm was compiled by the members of the Scientific Advisory Committee for COVID-19