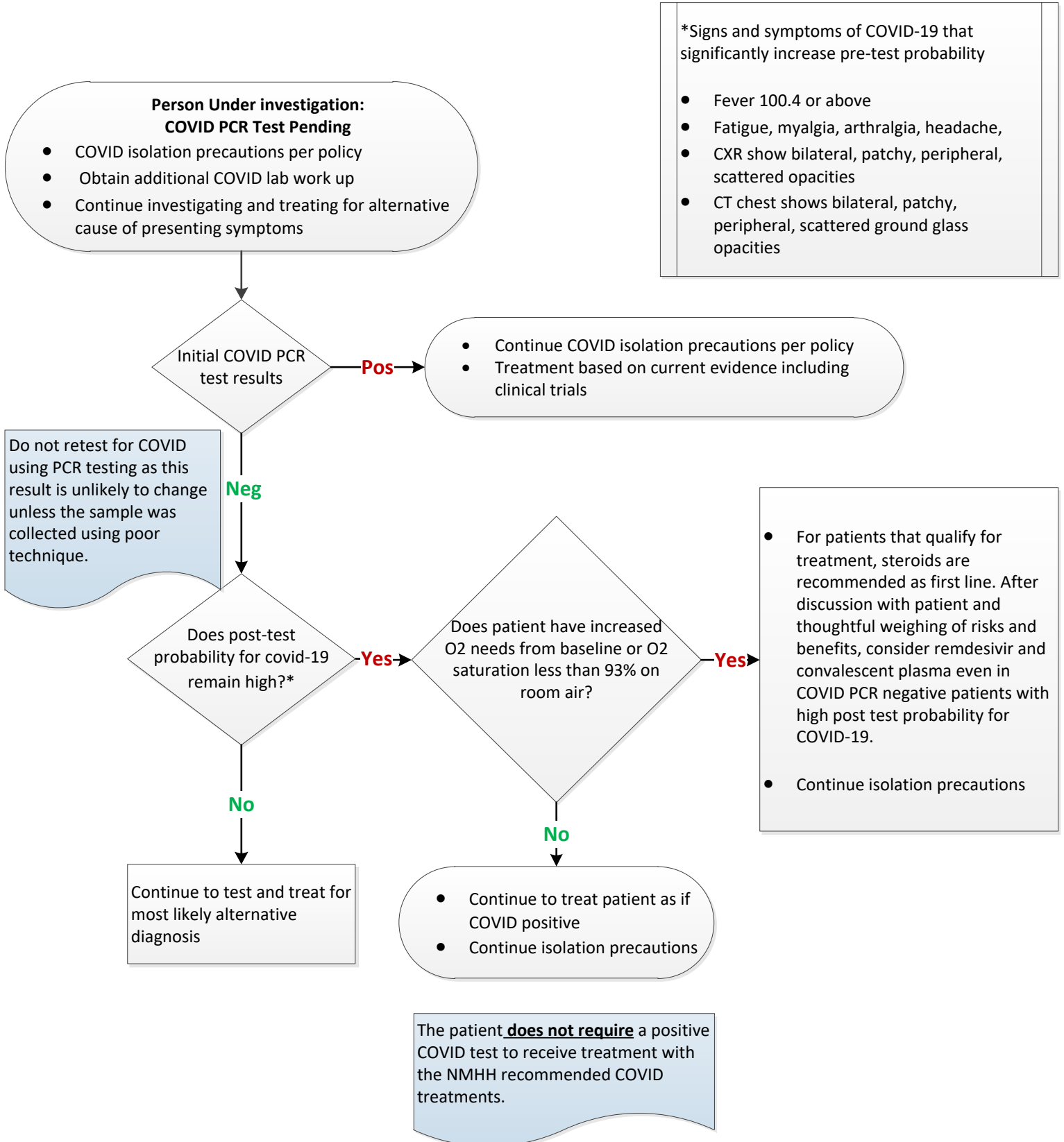


**Guidelines for Hospitalized Patient Re-testing**

November 2020—Version 14.0



\*Signs and symptoms of COVID-19 that significantly increase pre-test probability

- Fever 100.4 or above
- Fatigue, myalgia, arthralgia, headache,
- CXR show bilateral, patchy, peripheral, scattered opacities
- CT chest shows bilateral, patchy, peripheral, scattered ground glass opacities

Do not retest for COVID using PCR testing as this result is unlikely to change unless the sample was collected using poor technique.

- For patients that qualify for treatment, steroids are recommended as first line. After discussion with patient and thoughtful weighing of risks and benefits, consider remdesivir and convalescent plasma even in COVID PCR negative patients with high post test probability for COVID-19.
- Continue isolation precautions

The patient **does not require** a positive COVID test to receive treatment with the NMHH recommended COVID treatments.



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## References:

1. Ying-Hui J, et al. Chemoprophylaxis, diagnosis, treatments, and discharge management of COVID-19: An evidence-based clinical practice guideline (updated version). Military Medical Research. 2020.
2. Zheng Z, et al. Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis. J Infect. 2020.

## COVID-19 WORKGROUP FOR THE ACUTE MEDICINE CLINICAL PRACTICE COUNCIL

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## Revision History

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
14.0	Clinical Guidelines updated per literature and Isolation Guidelines table is now a standalone document	Acute Medicine CPC	11-06-20