COVID-19 Adult Clinical Evaluation Guide

Consider COVID-19 in a patient with any of the following:
• Fever
• Cough
• Shortness of breath
• High risk travel/exposure

Clinical Signs/Symptoms
• Fever seen in >75% of hospitalized cases at some point but almost 50% are afebrile on admission
• Cough 60-80% (dry or productive)
• SOB 20-40%
• URI symptoms (HA, sore throat, rhinorrhea) in <15%
• GI symptoms (diarrhea, N/V) in <10%

Labs
• Check CBC with diff, BMP, LFTs, procalcitonin
• Clues to COVID-19: leukopenia, lymphopenia

Labs and biomarkers
• Median WBC 4.7, with leukopenia in 30-45% (leukocytosis in <5%)
• Lymphopenia in 33-85%
• Median platelets normal, but slight decrease in 35%
• AST/ALT increase in 4-22%
• CRP increased in 61-86%, LDH increased in 27-75%
• PCT: ≥0.5 in 5.5% overall (14% if severe, 24% if ICU)

Microbiology
• Check rapid flu/RSV, RVP
• Consider blood cultures, sputum culture
• Clues to COVID-19: absence of other pathogens

Microbiology
• Coinfection rate with viruses and bacteria is unknown but is low in published studies to date
• The presence of an alternative viral etiology (eg influenza) makes COVID-19 less likely (exception: rhinovirus since this is a common co-pathogen)
• Bacterial coinfection might increase with severity of illness so bacterial infection in a severely ill patient does not exclude COVID-19

Imaging
• CXR in all patients
• If CXR (-), consider CT for better sensitivity for PNA and to exclude alternative dx
• Clues to COVID-19: bilateral, GGO, peripheral distribution

Imaging
• CXR abnormal in 60% (77% if severe), chest CT abnormal in 86% (95% if severe)
• Unilateral findings on CXR or CT in 14-25% (especially if mild or early in disease)
• Most common findings: GGO and patchy consolidations (>50%), peripheral distribution >50%
• Nodules, LAN, cystic changes, effusion in <10%