COVID-19 Clinical Evaluation Guide
Last updated 3/12/20

Please refer to COVID checklist in the Covid Cerner Powerplan and on Med Staff Office Website

Consider COVID-19 in a patient with any of the following:
- Fever
- Cough
- Shortness of breath (SOB)
- High risk travel/exposure (international or high risk US)

Clinical signs/symptoms
- Fever in >75% of hospitalized cases at some point.
  - Almost 50% are afebrile on admission
- Cough 60-80% dry/productive
- SOB 20-40%
- URI (HA, sore throat, rhinorrhea 4%)
- GI symptoms (diarrhea, nausea/vomiting) in <10%

LABS
- CBC with diff, CMP, procalcitonin, CRP, LDH, ESR
- Look for: leukopenia, lymphopenia and transaminitis

Labs and Biomarkers
- Median WBC 4.7, leukopenia in 30-45%
- Lymphopenia in 33-85%
- Median platelets normal but slight decrease in 35%
- AST/ALT increase in 4-22%
- CRP increase in 61-86%, ESR increase in up to 85%
- LDH increase in 27-75% Hgb decrease in 41-50%
- Albumin decrease in 50-98%
- Procalcitonin: ≥ 0.5 in 5% overall, (14% if severe, 24% if ICU)

MICROBIOLOGY
- Check flu/RSV, Respiratory viral panel if available
- See COVID checklist for details
- Consider blood cultures
- Obtain expectorated sputum culture if possible. DO NOT obtain induced sputum

MICROBIOLOGY
- Coinfection rates with other viruses and bacteria are unknown but thought to be low (<2%) which may change

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% (moreso if mild or early)
- Most common: Ground glass opacities, patchy consolidations >50%, peripheral distribution >50%
- Nodules, cystic changes, effusions in <10%