



COVID-19 INPATIENT UNDER INVESTIGATION (PUI) ASSESSMENT TOOL

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Patient Sticker and File in Progress Notes Please

Source of information	<input type="checkbox"/> Review of the electronic medical record <input type="checkbox"/> Discussion with treatment team <input type="checkbox"/> RN <input type="checkbox"/> MRP	<input type="checkbox"/> Patient interview <input type="checkbox"/> Virtual <input type="checkbox"/> In person <input type="checkbox"/> Family interview <input type="checkbox"/> Virtual <input type="checkbox"/> In person
Indication for NPS	<input type="checkbox"/> Clinical or radiologic evidence of pneumonia <input type="checkbox"/> ARDS <input type="checkbox"/> Influenza-like illness <input type="checkbox"/> New respiratory symptoms (cough, URI, SOB)	<input type="checkbox"/> Worsening of pre-existing resp symptoms <input type="checkbox"/> Fever of unknown source (temp above 37.8) <input type="checkbox"/> GI symptoms + fever and no other cause <input type="checkbox"/> Anosmia
Epi link	Does the patient have a known contact of a patient with COVID-19 or suspected COVID-19 under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SHx	<input type="checkbox"/> Long term care home <input type="checkbox"/> Retirement home	<input type="checkbox"/> Other congregate living environment <input type="checkbox"/> Healthcare worker or first responder
Clinical feature	<input type="checkbox"/> New / worsening O2 requirement to maintain SpO2 > 92% <input type="checkbox"/> New / worsening cough <input type="checkbox"/> New or worsening diarrhea or other GI symptoms <input type="checkbox"/> Anosmia	<input type="checkbox"/> Immunocompromise <input type="checkbox"/> Fever (temp above 37.8) <input type="checkbox"/> Lymphopenia [ALC _____]
Radiology	<input type="checkbox"/> CXR shows multifocal airspace disease <input type="checkbox"/> CXR shows pneumonia	<input type="checkbox"/> CXR otherwise abnormal <input type="checkbox"/> CT chest done in last 48 hours
Alternate diagnosis	Are you confident that the current presentation can be entirely explained by this alternate diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contraindications to early cohorting of patients under investigation (PUI)	Other exclusions to early CT imaging
<ul style="list-style-type: none"> • Alternate reason for isolation other than COVID <ul style="list-style-type: none"> ○ Diarrhea or new GI symptoms ○ Clinical + radiographic diagnosis of pneumonia ○ Patient from nursing or retirement home 	<ul style="list-style-type: none"> • Symptoms for less than 48 hours • CXR reported as multifocal airspace disease • CXR reported as lobar pneumonia

NPS Date	Result	CT Date / Time	CT Result <input type="checkbox"/> Not done
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		<input type="checkbox"/> Negative <input type="checkbox"/> Atypical
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		<input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive

REMARKS/NOTES

SIGNATURE	MNEUMONIC	DATE / TIME

Patient Sticker and File in Progress Notes Please

COVID-19 INPATIENT UNDER INVESTIGATION (PUI) ASSESSMENT TOOL

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Risk	Characteristics	First swab pending	First swab resulted negative
Low (PTP 5%*)	ALL OF THE FOLLOWING: <ul style="list-style-type: none"> No indication for NPS No epi link Not from congregate living Not healthcare worker No clinical features Normal CXR Clearly identifiable alternate diagnosis 	Do low dose CT Chest unless result swab imminent. If CT is negative or atypical, may mask + cohort + maintain precautions (post-test prob = 1%*) If CT is indeterminate or positive, do not cohort (post-test prob = 41%*)	If CT was indeterminate or positive, consult IPAC to consider discontinuing precautions. If CT is negative or atypical OR CT was not performed, in consultation with IPAC, discontinue isolation if no other reason to continue.
Intermediate (PTP 5-20%*)	ANY ONE OF THE FOLLOWING: <ul style="list-style-type: none"> Indication for NPS Only one clinical feature is present (not GI symptoms or anosmia) Healthcare worker or first responder Abnormal CXR (not multifocal airspace disease or lobar pneumonia) Not confident in alternate diagnosis 	Do low dose CT Chest. If CT negative or atypical, may mask + cohort + maintain precautions (post-test prob = 1-5%*) If CT indeterminate or positive, do not cohort (post-test prob = 81%*).	Do low dose CT Chest if need continued admission in hospital. If CT is negative or atypical and no GI symptoms, consult IPAC to consider discontinue isolation. If CT indeterminate or positive or GI symptoms, do not cohort & get repeat NPS 48h.
High (PTP HIGH*)	ANY ONE OF THE FOLLOWING: <ul style="list-style-type: none"> Epi link present More than 1 clinical feature is present or anosmia alone No clear alternate diagnosis 	Do not cohort. Do not do CT.	Do low dose CT chest and repeat NPS 48h. If CT indeterminate or positive, consult IPAC and ID (post-test prob = 66%*). If CT negative or atypical, & cohort absolutely required, per Access & Flow, consult with IPAC/ID for guidance (post-test prob = 13%*).

***Pre- and post-test probabilities are estimates with very wide confidence intervals.**

INITIAL ACTION PLAN & RECOMMENDATIONS			
Clinical Pre-test	NPS Result	CT	Isolation Precautions
<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Pending	<input type="checkbox"/> Do CT <input type="checkbox"/> Do not do CT <input type="checkbox"/> Do CT only if swab negative	<input type="checkbox"/> Cohort, maintain precautions <input type="checkbox"/> Do not cohort <input type="checkbox"/> Will reassess cohorting after CT/swab. <input type="checkbox"/> Discontinue isolation if IPAC approves.
<input type="checkbox"/> Perform repeat NPS 48 hours after first NPS. Consult ID following subsequent NPS result. <input type="checkbox"/> Mask the patient, continue contact/droplet precautions, and cohort the patient with commode provisions.			

SIGNATURE	MNEUMONIC	DATE / TIME

FINAL REVIEW & RECOMMENDATIONS		
NPS	CT	
<input type="checkbox"/> CT is indeterminate or positive and NPS is negative. Recommend ID/IPAC consultation. <input type="checkbox"/> Do not cohort. Perform repeat NPS 48 hours after first NPS. Consult ID following subsequent NPS result. <input type="checkbox"/> Mask the patient, continue contact/droplet precautions, and cohort the patient with commode provisions.		

SIGNATURE	MNEUMONIC	DATE / TIME