Aspirus Emergency System Wide Guideline COVID-19

Prioritization of COVID-19 Testing

Approved 03.18.2020 15:45

Wisconsin Process

- On March 26, 2020, the State of WI Department of Health Services issued a letter regarding prioritization of COVID-19 testing
- A new form is required for all WI collections and replaces the CDC PUI form (WI only) and the previously communicated (3/17/20) form.
- Collectors need to evaluate the patient symptoms/situation and select one or more boxes in the Tier section.
- Testing will be prioritized based on the tier.
- Lab is working to add this new form to the collection kits.

Michigan Process

• MI locations should continue to use the CDC PUI form.

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		PATIENT INF	OKWATIO	N TOKWI
PATIENT DEM	OGRAPHICS			
IRST NAME:		LAST NAME:		DATE OF BIRTH://
GENDER: M F C	THER UNKNOW	'N		
ADDRESS:			CITY:	
STATE:	ZIP:			
PHONE 1 :		PHONE 2:		EMAIL:
REPORTING FA	ACILITY			
NAME:		PERSON REPO	RTING:	PHONE:
SPECIMEN AN	D CLINICAL IN	FORMATION		
ONSET DATE:		SYMPTOMS:		
COLLECTION DAT			TYPE: NP	OP NP/OP SPUTUM BAL FLUID
		PPLY BELOW TO DE		
TIER ONE:	ALL IIIMI AI	TET BELOW TO DE	TEMPINE TES	T FILOMIT
	re critically ill and	receiving ICII level care v	with unexplained	viral pneumonia or respiratory failure
-OR-			•	• • • • • • • • • • • • • • • • • • • •
		g-term care facilities or o oms of acute respiratory i		uence congregate settings (e.g. prisons or jails), with
-OR-	or signs/sympto	ins of acute respiratory i	iiiiess.	
			ises, if COVID-19 t	esting would influence infection control
TIER TWO:	nform a public he	aitn response		
TIER TWO.				
Hospitalized Inc	on-ICU) patients w	ith unexplained fever AN	ID signs/symptom	s of acute respiratory illness
-OR-		•		is of acute respiratory illness
-OR- Health care wo		•		ss of acute respiratory illness ymptoms of acute respiratory illness, regardless of
Health care wo hospitalization	rkers or first respo	onders with unexplained	fever AND signs/s	ymptoms of acute respiratory illness, regardless of
-OR- Health care wo hospitalization -OR- Essential staff in	rkers or first respo	onders with unexplained	fever AND signs/s	•
-OR- Health care wo hospitalization -OR- Essential staff ir	rkers or first respo n high consequency	onders with unexplained the congregate settings (e	fever AND signs/s	ymptoms of acute respiratory illness, regardless of
Health care wo hospitalization -OR- Essential staff i of acute respirate TIER THREE: TE	n high consequent ory illness, regardle STING OF TIER outpatient setting	ce congregate settings (e ess of hospitalization THREE SPECIMENS W and meets <u>criteria for in</u>	fever AND signs/s .g. correctional of ILL <u>NOT BE PER</u> Ifluenza testing. T	ymptoms of acute respiratory illness, regardless of ficers) with unexplained fever AND signs/symptoms FORMED AT WSLH OR MHDL his includes individuals with co-morbid conditions
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Editable form is available on the Aspirus COVID-19 Intranet site