

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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WISCONSIN 2019 NOVEL CORONAVIRUS (COVID-19) PATIENT INFORMATION FORM	
PATIENT DEMOGRAPHICS	
FIRST NAME:	LAST NAME: DATE OF BIRTH: / /
GENDER: M F OTHER UNKNOWN	
ADDRESS:	CITY:
STATE:	ZIP: COUNTY:
PHONE 1 :	PHONE 2: EMAIL:
REPORTING FACILITY	
NAME:	PERSON REPORTING: PHONE:
SPECIMEN AND CLINICAL INFORMATION	
ONSET DATE:	SYMPTOMS:
COLLECTION DATE:	SPECIMEN TYPE: <input type="checkbox"/> NP <input type="checkbox"/> OP <input type="checkbox"/> NP/OP <input type="checkbox"/> SPUTUM <input type="checkbox"/> BAL FLUID
PLEASE SELECT ALL THAT APPLY BELOW TO DETERMINE TEST PRIORITY	
TIER ONE:	
<input type="checkbox"/> Patients who are critically ill and receiving ICU level care with unexplained viral pneumonia or respiratory failure	
-OR-	
<input type="checkbox"/> Patients who are residents of long-term care facilities or other high consequence congregate settings (e.g. prisons or jails), with unexplained fever OR signs/symptoms of acute respiratory illness.	
-OR-	
<input type="checkbox"/> Post-mortem testing for people who died of unknown causes, if COVID-19 testing would influence infection control interventions or inform a public health response	
TIER TWO:	
<input type="checkbox"/> Hospitalized (non-ICU) patients with unexplained fever AND signs/symptoms of acute respiratory illness	
-OR-	
<input type="checkbox"/> Health care workers or first responders with unexplained fever AND signs/symptoms of acute respiratory illness, regardless of hospitalization	
-OR-	
<input type="checkbox"/> Essential staff in high consequence congregate settings (e.g. correctional officers) with unexplained fever AND signs/symptoms of acute respiratory illness, regardless of hospitalization	
TIER THREE: TESTING OF TIER THREE SPECIMENS WILL <u>NOT BE PERFORMED</u> AT WSLH OR MHDL	
<input type="checkbox"/> Patient is in an outpatient setting and meets criteria for influenza testing . This includes individuals with co-morbid conditions including diabetes, COPD, congestive heart failure, age >50, immunocompromised hosts among others	
-OR-	
<input type="checkbox"/> Health care workers with acute respiratory symptoms (e.g. rhinorrhea, congestion, sore throat, cough) without fever	
TIER FOUR: TESTING OF TIER FOUR SPECIMENS WILL <u>NOT BE PERFORMED</u> AT WSLH OR MHDL	
<input type="checkbox"/> Other patients, as directed by public health or infection control authorities (e.g. community surveillance or public health investigations)	
DO NOT TEST	
Patients without symptoms	
Patients with mild upper respiratory symptoms only who are not health care workers	
WHEN SUBMITTING SPECIMENS TO THE WSLH AND MHDL, THIS PATIENT INFORMATION FORM <u>MUST BE ACCOMPANIED BY THE APPROPRIATE REQUISITION FORM:</u>	
Milwaukee Health Department Laboratory: Microbiology Requisition H-455	
Wisconsin State Laboratory of Hygiene: CDD Requisition Form A (#4105)	

WISCONSIN 2019 NOVEL CORONAVIRUS (COVID-19) PATIENT INFORMATION FORM | Updated: 3/25/20

Editable form is available on the Aspirus COVID-19 Intranet site