OUTPATIENT / TRIAGE
Influenza Like Illness (ILI) & COVID-19 Screening Guidelines for PREGNANT patients

Incoming Phone Calls

Keep routine/scheduled appointment; offer TeleOB

Review King County Public Health Recommendations

Screen for Active Pregnancy Symptoms/Concerns

NEGATIVE for pregnancy concern

Influenza Like Illness (ILI) and/or COVID19 Screen:

ANY of the following?
- Fever
- New cough
- New shortness of breath

Symptoms Screen Negative

Instruct patient to seek evaluation

Location: per site OB triage guidelines / clinical considerations

Anticipatory Screen for ILI/COVID19

POSITIVE for pregnancy concern that requires evaluation

Candidate for Outpatient evaluation from PREGNANCY perspective?

No

Yes

Influenza Like Illness (ILI)
and/or COVID19 Screen:

ANY of the following?
- Fever
- New cough
- New shortness of breath

SYMPTOM SCREEN

Screen Positive

1. Assess Symptoms &
2. Maternal co-Morbidities

MILD Symptoms &
- NO Maternal Co-Morbidities

- Consider starting empiric Oseltamivir/Tamiflu
- Evaluate Pregnancy Concern (if present) in Outpatient Setting
- Provide Patient Education for Home Isolation Guidance
- Coordinate DRIVE THROUGH COVID/Influenza/RSV testing
- Add to OB Covid Triage Log

Seek outpatient evaluation for pregnancy concern (if present) & Influenza & COVID-19 Testing

Ambulatory location for testing:
- NW Hospital Testing Site via Epic Order
- COVID-19 RN line 206-520-xxxx
- Add to OB Covid Triage Log

MILD Symptoms &
- YES Maternal Co-Morbidities

Outpatient evaluation per site OB triage guidelines / clinical considerations

Symptom Screen Negative

SEVERE SYMPTOMS

regardless of co-morbidities

Instruct patient to seek evaluation

Location: L&D vs Emergency Department

Location of evaluation to be determined by clinical considerations and site OB triage guidelines

Update 4/1/20
Maternal Co-Morbidities

- Immuno-compromised/suppressed
  - Transplant
  - Inflammatory Bowel Disease or Rheumatologic Disease
  - Active treatment with biologics
  - Prednisone >20mg/d
- Class III Obesity
- Insulin Dependent or Poorly Controlled Diabetes
- Maternal Cardiac Disease
- Hypertension disease in pregnancy requiring medical therapy
- Renal insufficiency
- Moderate/Severe Respiratory Disease: i.e. Asthma requiring treatment, CF
- Neurologic Disease (Parkinson’s, ALS, spinal cord injury, seizure, CVA)
- Active cancer

This is not an exhaustive list. Use clinical judgment and err on the side of evaluation if uncertain.

Update 3/19/20
Influenza Like Illness (ILI) and/or COVID-19 Screen:
ANY of the following?
- Fever
- New cough
- New shortness of breath

POSITIVE SCREEN and PREGNANT (any gestational age)
ASSESS Illness Severity
Maternal co-Morbidities

MOD/SEVERE SYMPTOMS regardless of co-morbidities
- Initiate OB Sepsis Protocol
- Alert Infection Prevention
- Concordant Influenza/RSV & COVID-19 Virus Testing
- Consider empiric Oseltamivir/Tamiflu
- Maternal-Fetal Medicine Consult
- Inpatient Care

Screen for Active Pregnancy Symptoms/Concerns
Location of evaluation to be determined by clinical considerations & site OB triage guidelines

COVID-19 Virus /Influenza/RSV Testing
Negative Influenza
- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance
- Add to OB COVID Triage Log

Positive Influenza
- Start Oseltamivir/Tamiflu
- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance
- Add to OB COVID Triage Log

MILD Symptoms
YES Maternal Co-Morbidities
- Start Oseltamivir/Tamiflu if influenza positive
- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance

MILD Symptoms
NO Maternal Co-Morbidities
- All pregnant patients discharged home will receive a follow-up phone call from RN within 24 hours to review results and assess patient symptoms
- If POSITIVE COVID-19 and remains an appropriate candidate for home management, pt will receive DAILY call from RN for 10 days

Throughout Visit/Evaluation
Precautions: Droplet and Contact

Update 4/01/20
UNIVERSAL SCREENING
Outpatient COVID-19 SCREENING prior to Planned Admission for Anticipated Procedure
Population: Asymptomatic Pregnant Patients at UWMC-Montlake

Update 4/1/20

Scheduled Admission for Planned Admission (i.e. Cesarean Delivery, Induction of Labor, ECV)

PROVIDER
Order Routine COVID-19 Virus Testing

RN/MA
Inform Patient to schedule appt for testing at UW Medicine Northwest Hospital Drive-Through Testing Site.
Call 206-520-XXXX to schedule

TIMING
Testing window: 24-48 hrs prior to planned admission
Test result is valid for 72 hrs
Repeat testing is required after 72 hrs

PATIENT
Call 206-520-XXXX to schedule testing appointment at Northwest 24-48 hours prior to planned admission
Identify infant care giver in case of positive result
COVID-19 SCREENING upon Admission for Anticipated Procedure
Population: Pregnant Patients at UWMC-Montlake

Update 4/1/20

Is Patient Symptomatic / PUI?

- Yes
  - Manage as COVID PUI
    - Consult with COVID MD

  - Outpatient COVID Testing performed within 72 hrs?
    - Yes
      - Result: Positive
        - Manage as COVID POSITIVE
      - Result: Negative
        - Repeat Influenza/RSV & COVID testing on admission & maintain PPE pending results
          - Positive
            - Manage as COVID POSITIVE
          - Negative
            - Standard Droplet/Contact
    - No
      - Influenza/RSV & COVID testing on admission & maintain PPE pending results

- No
  - Outpatient COVID Testing performed within 72 hrs?
    - Yes
      - Positive
        - Manage as COVID POSITIVE
      - Negative
        - Standard Precautions
    - No
      - Manage as CSP-A pending results
        - Order COVID test
UWMC-Montlake  Management of CSP-A Pregnant Patients with Planned Procedure - 

**Update 4/1/20**

**COVID SCREEN PENDING, ASYMPTOMATIC (CSP-A)**

- **Vaginal Delivery**
  - Precautions: Antepartum: Standard UW L&D Precautions
  - Intrapartum Procedures & Delivery: Enhanced Droplet & Contact

- **Cesarean Delivery / Surgical Procedure**
  - Anesthesia: N95/PAPR
  - Entire Surgical Team: N95/PAPR
  - Patient: Clean mask, hat, gown
  - Partner: Permitted in OR: Yes (unless transition to General Anesthesia)

**POSTPARTUM/POSTOPERATIVE:**
Pt to remain in LDR / PACU pending COVID testing results for dispo planning
Partner and well neonate may remain in room with postpartum patient
Maternal COVID SCREEN PENDING, ASYMPTOMATIC (CSP-A)
Management of INTRAPARTUM results

Covid Screen Positive
- Reassess and Monitor for Symptoms
- Vaginal Delivery
  - Enhanced Droplet & Contact
- Cesarean Delivery
  - Airborne + Enhanced
- Visitation & Infant
  - Discuss with COVID MD on call

Covid Screen Negative
- Routine Intrapartum Care
- Standard UW L&D Precautions
- Counsel regarding preventative measures at discharge