Yale New Haven Health

Role of Imaging patients with Suspected or Confirmed Covid-19 Infection in ED/In-patient and Ambulatory Settings

Situation:
No guidelines exist for enhancing the safety process for imaging patients with suspected or confirmed COVID-19 infection. There also remains lack of clarity on the role of chest imaging.

Background:
The goal of imaging in COVID-19 patients is to provide high level care while minimizing risks to healthcare staff and other patients. For in-patients and ED patients some radiology exams can be performed portably (US, radiographs, head CT, minor procedures), other exams require patient transport off the floor (MR, CT, Nuclear Medicine, Fluoroscopy, IR).

Assessment:
The transport of suspected/confirmed COVID-19 patients for imaging should be minimized. As such, ensuring appropriate imaging utilization is necessary. For ED and in-patients, portable alternatives to off floor imaging should also be used whenever possible. The use of chest imaging should follow best practice guidelines. Any non-critical imaging or procedure should be deferred until COVID-19 diagnosis is either confirmed (and patient recovers from their illness) or excluded.

Recommendation:
1. For in-patients and ED patients, all imaging requests (excluding radiographs) for patients with pending or confirmed COVID-19 will be approved by a radiologist whenever possible. For out-patients, medical necessity of any imaging test should be determined by the ordering provider and/or radiologist. COVID test results are not necessary to proceed with indicated ED imaging orders.
2. From 8am to 5pm approval will be sought by the relevant radiology technologist before performing the study (Appendix A, B, C for technologist work-flow).
3. After normal business hours, the technologist may need to discuss case with relevant working/on call radiology teams.
4. Best practice guidelines should be followed for a) chest imaging (Appendix D) and b) technologist use of PPE (Appendix E).
5. Radiology COVID Call Center has been established to assist in Radiology related questions for Yale New Haven Health. Call center number is 475-246-9660. Hours are currently 7am-7pm seven days a week.
Appendix A: Ultrasound and X-Ray ED and In-Patient Tech workflow for CONFIRMED or SUSPECTED COVID-19 cases. All studies should be PORTABLE whenever possible.
Appendix B: CT/MRI/Nucs/Fluoro ED and In-Patient workflow for CONFIRMED or SUSPECTED COVID-19 cases

Order for radiology exam that CANNOT be performed portable

For MRI, CT, Nuc Med, Fluoroscopy, and invasive procedures on inpatients/ED

*Note* Expected that radiographs and ultrasounds will rarely have to be performed in diagnostic radiology department

Radiologist contacts clinical team

Discuss the exam to determine medical necessity with a radiologist

Discuss transport with nurse. Precautions need to be taken during transport to minimize spread.

Equipment in the area closest to the patient unit should be used to limit travel time

Before entering the imaging room, proper PPE must be put on. Proper PPE currently includes:
- N95 Mask
- Gown
- Gloves
- Face shield (or any type of eye protection)

*Face mask may be used instead of N95 depending on supply availability

Confirm patient wearing face mask (if they can tolerate) before performing exam

Properly take off all PPE before exiting the imaging room. Reuse select PPE per most current hospital protocol

If the patient wears their face mask properly throughout their entire stay in our imaging room, the room can be used again after proper disinfection of all imaging equipment and surfaces

If a patient mask was not utilized, or has been deemed compromised during any part of the exam, the room must be cleaned and left vacant for a specified time (1 hour for most rooms, shorter for some CT scanners)
Appendix C: NON-“HOT-SITE” OUT-PATIENT work-flow for technologist/front-desk staff

 Patients should wear their own face mask to ALL outpatient appointments. Mask should be given if patient does not have one.

**Screening:**
In the last week, have you been in contact with someone who was confirmed or suspected to have COVID-19, including outside the US.

**OR**
Do you have ANY of the following:
- Fever > 100°F or 37.8 C
- New cough
- New shortness of breath
- New sore throat
- New chills
- New loss of smell or taste

**OR**
Have you been advised to stay home by a medical professional due to illness that might be COVID-19

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**SCREENER isolates patient per facility protocol. Emphasize to the patient that mask needs to stay on.**

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**Tech confirms with referring provider or responsible radiologist on medical necessity of exam**

**Route to designated “hot” site where staff will use appropriate PPE**

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**Technologist performs imaging.**

*If the patient wears the face mask properly throughout their entire stay in our imaging room, the room can be used again after proper disinfection of equipment and surfaces. If the patient has NOT worn the face mask throughout the procedure, the room will need to be left vacant for a specified time (1 hour for most rooms, shorter for CT suites).*
Appendix D.1:

Role of Chest Radiographs (CXR):

CXR plays a role in the imaging management of pneumonia in immunocompetent patients, despite known low sensitivity.

*Any CXR of a suspected or confirmed COVID infection should be done portably for ED or In-Patient.*

- CXR should NOT be obtained to rule out COVID infection
  - A normal CXR does not rule out the possibility of COVID. CXR is reported to have 25-60% sensitivity in detecting pneumonia for these patients. Ground glass opacities commonly seen with COVID can be occult on CXR.
- CXR should only be obtained when absolutely necessary and x-rays should be minimized when possible (e.g. for line placement, get one film after all lines placed).
- Examples of indications for CXR
  - Initial baseline imaging for a COVID Suspect or Known patient being admitted
  - To evaluate for complicated pneumonia (cavitation, effusions, etc)
  - To assess ETT placement after intubation or after line placement if concerned for malposition
  - When change in clinical status raises concern for possible superimposed pulmonary process

Role of Chest CT:

Chest CT plays a role in the imaging work-up of immunocompetent patients with pneumonia, mainly to detect complications such as cavitation, intra-parenchymal abscess and empyema. The role of CT in patients with suspected viral pneumonia is controversial.

Following recent statements by the American College of Radiology (ACR) and the Society of Thoracic Radiology (STR), CT is considered indicated in the following situations involving patients with suspected or confirmed COVID-19 infection:

1. CT should NOT be used to screen for or as a first-line test to diagnose COVID-19. It may play a role in helping triage and make management decisions in select cases where PCR test is negative, chest xray is negative and clinical suspicion for COVID remains high.
2. CT may be indicated in patients with positive COVID PCR testing AND suspicion for complications such as cavitation, intra-parenchymal abscess and empyema not adequately assessed via portable CXR.
Appendix D.2- Current ADULT in-patient COVID treatment guide - See full guideline posted on YNHHS COVID clinical resource site
Appendix D.3- Current adult URI work-up for out-patients

ADULT OFFICE TRIAGE for Patient Calls w/ Respiratory Symptoms – DO NOT BRING PT INTO OFFICE

START: Telephone Triage

If Pt has Moderate/Severe Symptoms

Asymptomatic COVID exposure

Nursing or Clinician: Review exposure

ADVICE FOR ALL ASYMPOTOMATIC PATIENTS:
- Self monitor per CDC
- Call back for fever or respiratory symptoms
- We do not recommend testing at this time
- Exposures/recommendations:
  - Work exposure:
    - HCW – monitor for symptoms and continue to work
  - Household exposure:
    - Self isolate x 14 days, monitor for symptoms

Minor respiratory symptoms
- Sore throat
- Hoarse voice
- Cough

ADVICE FOR ALL SYMPTOMATIC PATIENTS:
- Self isolation per CDC
- Call back for worsening
- Advise against emergency room or walk-in
- We do not recommend testing at this time (inadequate supplies)
- Home isolation minimum 7 days and > 3 days resolution of symptoms in the absence of test results

If Pt has no clinician available

URI, Fever & Cough

COVID Suspect
- Home isolation minimum 7 days and > 3 days symptom resolution
- Symptomatic Rx
- Consider treatment for influenza or bacterial infection only if highly suspected

Severe Symptoms
- Unable to get out of bed
- Dyspneic (RR > 25)
- Chest pain
- Tachycardic (HR > 110)
- Difficulty completing sentence
- Confused

- Needs ED and hospital admission
- Call before sending to inform "COVID suspect" or they can self transport
- If ambulance needed must inform "COVID Suspect"

Negative COVID Test
- Home isolation
- 7 days & > 3 day resolution
- Symptom management
- Call back for worsening

Positive COVID Test
- Home isolation 14 days and > 3 day resolution of symptoms (assess for safety) & resolution of cough
- Symptom management
- Regular patient outreach
  See COVID positive pathway

SIM COVID AMBULATORY GUIDELINE 3/29/20
* Aligned with CDC guidelines as of 3/29/20
Guidance for PPE use can be found at

- https://vimeo.com/397424618/5e69e27680
- Radiology.yale.edu

CLICK HERE FOR FULL PPE GUIDANCE POLICY INCLUDING REUSE PROCEDURES

References:


(4) YNHHS Covid Resource Website