Inpatient identification of patients with COVID-19 NEGATIVE Test but continued suspicion of COVID related illness.

**Situation:** There is a need to identify inpatients that are highly suspicious for COVID-19 but have tested negative for COVID.

**Background:** Currently, there is an automated process within EMR that identifies patients that are to be treated as COVID + based off of orders or confirmed positive results. The EMR identifiers (blue banner and ISO reasons) are automatically turned off and removed when a patient has resulted as negative. However, there remains a subset of patients in which providers have a high suspicion for COVID-19 despite negative test results. This has led to patients inadvertently being moved off of COVID units. In these cases, the isolation order on patient was still active. A consultation with infection prevention is also appropriate. Widespread communication of this is needed.

**Assessment:** Heightened awareness and clinical decision making are required when a patient tests negative for COVID-19, to determine whether the patient continues to require precautions and isolation despite negative test.

**Recommendation:** When a patient on a COVID unit has a negative COVID test (iso reason of R/O COVID-19 falls off, and banner turns normal again), and the COVID isolation order is still active:

1. BPA will alert provider and/or RN that patient has tested negative
   a. Provider given choice to continue ISO reason if patient is negative but highly suspicious OR remove ISO precaution order in managed orders to establish negative patient. (shown below)
   b. RN will be notified of negative result and asked to contact patient’s provider to update status of patient as clinically warranted.
2. Patient should not be moved to a different floor without prior consultation with patient’s provider or infection prevention.
3. In some cases of prolonged hospitalization with suspected COVID despite negative tests, the ISO reason of suspected COVID will need to be renewed q 14 days.